

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

NOV 22 1934

37267

1. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Township Central Primary Registration District No. 6033E
 City Clayton (No. St. Louis County Hospital) St. _____ Ward _____

2. FULL NAME David Brewer
 (a) Residence, No. 1050 N. S. Rd St. _____ Ward. University City
 (Usual place of abode) (If nonresident, give city of town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Brewer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18-1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>90</u>		<u>13</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER FATHER

13. NAME Wm Brewer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Mary P

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Mrs. Florence Wilson
 (ADDRESS) Overland Mo RR 4 - Box 411

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Chrch DATE 11/2/34

19. UNDERTAKER Louis N Bopp St. Louis
 (ADDRESS) 1073

20. FILED 1073 19 11/2/34
Robt J Hubert
 Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-5-34, 19____, to 10-31-34, 19____.

I last saw him alive on 10-30, 1934 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis
hypertension
hypertension
Phlebotomy

Date of onset

Other contributory causes of importance:
Mr. Weyl & Co.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) H. C. Carpenter M. D.
 (Address) St. Louis Co. Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

