WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JAN 14 1935

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

Do not use this space.

45079

File No. 12236

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 5616 Etzell Ave St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Philip Brumm

(a) Residence, No. 5616 Etzell Ave St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary Elizabeth Brumm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 1, 1856

7. AGE: YEARS 78 | MONTHS 8 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) June 1909.

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Iowa

FATHER

13. NAME Daniel Brumm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER

15. MAIDEN NAME Louise Reichly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Grace B. Brumm 5616 Etzell St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood Cemetery Alton Ill. DATE Dec. 28, 1934

19. UNDERTAKER (ADDRESS) Robert H. Streeper 2521 Edwards St. Alton Ill.

20. FILED Jos. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1933, to Dec 25, 1934. I last saw him alive on Dec 25, 1934. Death is said to have occurred on the date stated above, at 3 P m.

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

Date of onset

Carcinoma of Bladder

Other contributory causes of importance:

Chronic Pyelonephritis Interstitial

Name of operation None Date of

What test confirmed diagnosis? Syn Tom Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Dr. M. F. Harmann, M. D.

(Address) 2743 N Grand