REC'D SEP 27 1938

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

27669
Do not use this space.

Registration District No. 1008 791

Primary Registration District No.

Registered No. 7683

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St Louis Mo
(d) Street No. St Anthonys Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. 1 mos. 19 ds.

2. PRINT FULL NAME Roy Brewster 623
(a) Residence, No. St. NR High Hill Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-23-1916
7. AGE: Years 22 | Months 4 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Car Parker
9. Industry or business in which work was done, as saw mill, bank, etc. Garage
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) High Hill Mo 0

FATHER
13. NAME Tarleton J Brewster 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis County Missouri 0

MOTHER
15. MAIDEN NAME Anna Josephine Tumulty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) High Hill Mo

17. INFORMANT F G Brewster
(ADDRESS) High Hill Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE High Hill Mo DATE 8-30 1938

19. FUNERAL DIRECTOR (NAME) Marlow Funeral Home
(ADDRESS) Montgomery City Mo

20. FILED AUG 30 1938 J G Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938, to Aug 29, 1938
I last saw him alive on Aug 29, 1938. Death is said to have occurred on the date stated above, at 1930 pm
The principal cause of death and related causes of importance were as follows:

Abscess Lung (lower rt lobe) probably caused by a central lobar pneumonia — Date of onset July 10 1938

Other contributory causes of importance: None

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Name of operation Drainage abscess of lung Date of Aug 17-1938
What test confirmed diagnosis? X Ray — Was there an autopsy? No

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) Robert J Warner, M. D.
(Address) 1115 Paul Brown Bldg St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.