

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

Do not use this space.

8733

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1008
 City St. Louis No. Barnard Place St. 25 (Word)
 Registered No. 2400

2. FULL NAME

(a) Residence. No. 510 Elm St. 25 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

5 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/20/29 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1929, to Feb 20, 1929, that I last saw h. Mr. alive on Feb 20, 1929, and that death occurred, on the date stated above, at 8 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-17-1874

THE CAUSE OF DEATH* WAS AS FOLLOWS
Carcinoma Pharynx
with metastasis to
neck -

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 3 3

Chronic Myocarditis (duration) yrs. 1 mos. 25 ds.
 CONTRIBUTORY (SECONDARY)
Cardiac Hypertrophy (duration) yrs. 2 mos. 1 da.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work River man
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
 DID AN OPERATIVE PRECEDE DEATH. Yes DATE OF Feb 16 1929
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) Chas. Kent M. D.
 , 19 (Address) 3427 Washington

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Iowa

10. NAME OF FATHER Chester Brerman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Chas. Brerman (Address) 3427 Washington

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Matthew's Cem DATE OF BURIAL 2/22 1929

15. FILED FEB 22 1929 Miss C. O. Kelly REGISTRAR

20. UNDERTAKER Trigonheim ADDRESS 2628 Chesapeake

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.

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