

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

Do not use this space.

22677

1. PLACE OF DEATH

County..... Registration District No. **791¹**
 Township..... Primary Registration District No. **1008**
 City **St. Louis, Mo.** (N. **Alexian Bros.**)

File No.
 Registered No. **6080**
 St. Ward)

2. FULL NAME

Elmer Brimmer
 (a) Residence. No. **3321 Minnesota** St., **16** Ward.
 (Usual place of abode) (If nonresident, give city or 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 <i>Male</i>		4. COLOR OR RACE <i>White</i>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED <i>Single</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Aug. 18-1900.</i>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
<i>28</i>	<i>9</i>	<i>14</i>			
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <i>Accountant</i>					
(b) General nature of industry, business, or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>					
PARENTS	10. NAME OF FATHER <i>Wm Brimmer</i>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>				
	12. MAIDEN NAME OF MOTHER <i>Jennie Byrne</i>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>				
14. INFORMANT <i>Wm Brimmer</i> (Address) <i>3321 Minnesota</i>					
15. FILED <i>May 19 1929</i> <i>Max C. Stanley</i> REGISTRAR					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 2- 1929.*

17. I HEREBY CERTIFY, That I attended deceased from
May 20, 1929, to June 2, 1929
 that I last saw him alive on *July 1, 1929*, and that death occurred, on the date stated above, at *7 a. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of Abdomen (General)
5-30
 (duration) yrs. *3* mos. ds.

CONTRIBUTORY (SECONDARY) *Tuberculosis of Testes (Bilateral)*
 (duration) yrs. *6* mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? *No.* DATE OF.....
 WAS THERE AN AUTOPSY? *No.*

WHAT TEST CONFIRMED DIAGNOSIS *Laboratory findings*
griped with *M. T. O'Connell, M. D.*
6/2, 1929. (Address) *1010, 818 Olive*

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *New St. Marcus* **DATE OF BURIAL** *6-4-1929.*

20. UNDERTAKER *Ziegenhain Bros. 2643 Cherokee St.*
ADDRESS

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.

251

