

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

Do not use this space.

9865

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 784  
Township St. Ferdinand Primary Registration District No. 6030  
City St. Louis (No. 2476, Mary) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** Henry H. Brewer

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) January 27 to  
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.  
if nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marie Brewer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 27 - 1854</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>9</u>
		DAYS
		<u>24</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Traveling Salesman</u>	
	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) <u>July 1932</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Henry Brewer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hanover Germany 10</u>	
MOTHER	15. MAIDEN NAME <u>Mat Brown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Julia Brewer</u> (ADDRESS) <u>2476 Mary</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Johns Care</u> , DATE <u>Mar 26, 1932</u>		
19. UNDERTAKER <u>Fred M. Williams</u> (ADDRESS) <u>4535 Washington</u>		
20. FILED <u>4/8</u> , 19 <u>32</u> <u>Emma J. Harris</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22-1932

22. **HEREBY CERTIFY**, That I attended deceased from 6-16-30 to 3-22-32  
I last saw him alive on 3-22-1932 Death is said to have occurred on the date stated above, at 11:50 P.M.  
The principal cause of death and related causes of importance were as follows:  
Broncho pneumonia Date of onset 7-20-32  
107A  
117/07A  
Other contributory causes of importance:  
Perminous anemia 3 yrs

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis Examination 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 \_\_\_\_\_ (D)

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify Walter H. Isaacman, M. D.  
(Signed) \_\_\_\_\_ (Address) 1506 St. Louis

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.

APR 29 1932

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Dec 06 78