

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

Do not use this space.

26669

1. PLACE OF DEATH

County St. Louis Registration District No. 496
 Township North Primary Registration District No. 3025
 City North St. Louis (No. 422, North) St. North Ward 1st

File No. _____
 Registered No. 79
 St. 1st Ward

2. FULL NAME

(a) Residence No. 422 N. Lincoln St., _____ 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. 8 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 Married
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 6 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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) _____ 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Water town N.Y.

13. NAME Mrs. Rose Brewster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

15. MAIDEN NAME Rose Grapier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT (ADDRESS) Mr. J. W. Sullivan
422 N. Lincoln St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Royal Hill DATE Aug 23 1932

19. UNDERTAKER (ADDRESS) Hunter & Kellie
North St. Louis Mo

20. FILED 8-23 1932 6 S. Franklin
 Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-26, 1932, to 8/21, 1932
 I last saw her alive on 8/21, 1932. Death is said

to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:

131
93° Phemic Intoxication
Septic
 Other contributory causes of importance: 131

Name of operation Phemic Intoxication Date of _____

What test confirmed diagnosis? See lab. 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) J. W. Sullivan, M. D.

(Address) North St. Louis

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.

SEP 24 1932

