

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

Do not use this space.

28054

File No. _____
Registered No. **7939**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **701**
Township _____ Primary Registration District No. **1002**
City **St. Louis** (No. **St. Marys Infirmary**)

2. FULL NAME

(a) Residence, No. **1130 So 13th St., 22** Ward.
(Usual place of abode)

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 **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) **Unknown 1903**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
app. 29 - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Salesman**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Union Electric Co 172**
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) **Tenn. 2**

FATHER 13. NAME **John Brumley**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ala.**

MOTHER 15. MAIDEN NAME **Dolly Brumley**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

17. INFORMANT (ADDRESS) **B. H. Brumley 1130 So 13th St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Parthenon Hill State Dept 1 1932**

19. UNDERTAKER (ADDRESS) **Arthur J. Donnelly 2nd Co 2039 Main St**

20. FILED **JUG 31 1932** **May C. Starnes Registrar**

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-30 1932**

22. I HEREBY CERTIFY, That I attended deceased from **August 29, 1932, to Aug 30, 1932**
I last saw him alive on **Aug 30, 1932** Death is said to have occurred on the date stated above, at **5:50 P.M.**

The principal cause of death and related causes of importance were as follows:

**Cardiac Decompensation
Mitral regurgitation
Chronic Myocarditis** Date of onset _____

Other contributory causes of importance:
**92A
93B
95B**

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____

(Signed) **D. E. Mason**, M. D.
(Address) **1536 Papine St.**

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.

