

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.

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

Do not use this space.

30512

**1. PLACE OF DEATH**

County \_\_\_\_\_

Registration District No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

City St Louis

(No. 2723)

Sheridan

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

8173

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

8173

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

Ruby Brewer

(a) Residence, No. 2723 Sheridan St., 21 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 Female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

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) St Louis Mo

13. NAME Denton Brewer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Mo

15. MAIDEN NAME Emma Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT Denton Brewer  
(ADDRESS) 2723 Sheridan ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Antonia Duesen DATE Sept 10 1932

19. UNDERTAKER A. F. Buddie Walton  
(ADDRESS) 1414 S. Grand St

20. FILED SEP 20 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5 - 1932 to Sept 9 - 1932  
I last saw her alive on Sept 9 1932 Death is said to have occurred on the date stated above, at 4 a.m.

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

Gastric Acute  
Bottle Fed.  
Other contributory causes of importance: 118C 118

Name of operation \_\_\_\_\_  
What test confirmed diagnosis? Clinical symptoms Was there an autopsy? \_\_\_\_\_

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) J. P. Walthall MD, M. D.  
(Address) 1801 N. Jefferson

