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.

NOV 10 1933

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

Do not use this space.

34330

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
96 Township Central — Primary Registration District No. 60333 — Registered No. 310
City (No. 3017, Delavan Dr St. Ward)

2. FULL NAME FRED BRUEWER
(a) Residence, No. 3017 Delavan Dr St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. 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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Amanda Bruewer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2nd 1873

7. AGE: YEARS 60 — MONTHS 4 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
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) Oct 17th 1933
11. Total time (years) spent in this occupation 40

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

FATHER
13. NAME Henry Bruewer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~St Louis, Mo~~ Germany

MOTHER
15. MAIDEN NAME ~~Am~~ ? Temme
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Amanda Bruewer 3017 Delavan Drive

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
PLACE Valhalla DATE Oct 25 1933

19. UNDERTAKER (ADDRESS) Kingshighway Memorial Co 3402 N Kingshighway

20. FILED 10/23 1933 Nora Bracy M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 29, 1933, to October 22, 1933
I last saw him alive on October 22, 1933 Death is said to have occurred on the date stated above, at 5:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Cerebral Haemorrhage	
108	
8 A	

Other contributory causes of importance: 100

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) Eugene L Broeker, M. D.
(Address) 2743 No Grand