

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **6163**) **Washington** St. (Ward)

2644
File No. **260**
Registered No.
St. (Ward)

2. FULL NAME

Rosa Dorothy Brimeyer (Brimeyer)
(a) Residence, No. **6163** **Washington** St., **5** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX Female | 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 None | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5 1896 | | |
| 7. AGE YEARS 37 | MONTHS 5 | DAYS 0 |
| If LESS than 1 day, hrs. or min. | | |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sec. | 11. Total time (years) spent in this occupation 127 |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1st Nat'l Bank | |
| | 10. Date deceased last worked at this occupation (month and year) | |

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

MOTHER FATHER 13. NAME **Rosa Dorothy Brimeyer**

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

15. MAIDEN NAME **Friedricha Stock**

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

17. INFORMANT (ADDRESS)
Rosa Brimeyer

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Ch.** DATE **Jan. 8 1934**

19. UNDERTAKER (ADDRESS)
W. J. Bredeck

20. FILED **Jan 11 1934** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 5th 1934**
22. I HEREBY CERTIFY That I attended deceased from **April 2 1933** to **Jan 5 1934**
I last saw him alive on **Jan 5 1934** Death is said to have occurred on the date stated above, at **14:20** m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Bronchial pneumonia **Dec 30**
73 **33**
Other contributory causes of importance:
Cardiomegaly **Nov 11 32**

Name of operation..... Date of.....
What test confirmed diagnosis? **clinical** 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) **Frank R. Finnigan** M. D.
(Address) **3701 Westmore**

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.

B-27 1934

3701 Westminster
8:30 AM to noon

