

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

Do not use this space.

26900

File No. 7132
Registered No. 7132
St. _____ Ward)

1. PLACE OF DEATH
County St. Louis Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. City Hospital)
2. FULL NAME Daisy Brewer (BREWER)
(a) Residence, No. 4356 Kennedy St. 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>wif of Rev J. H. Brewer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 9 - 1878</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>11</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mission work</u>		11. Total time (years) spent in this occupation.
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Little Rock Arkansas</u>		
13. NAME <u>William Wilkerson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Jane Ivory</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Rev J. H. Brewer 4356 Kennedy St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Little Rock Ark 7-20-1934</u>		
19. UNDERTAKER (ADDRESS) <u>C. Young 4400 Kennedy Ave</u>		
20. FILED <u>L 20 1934</u> is <u>Joe B. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1934

22. I HEREBY CERTIFY that I attended deceased from July 11, 1934 to July 14, 1934
I last saw her alive on July 14, 1934. Death is said to have occurred on the date stated above, at 5:20 pm.
The principal cause of death and related causes of importance were as follows:
54B
Obstructed Prostate July 11
Non-malignant fibroid tumor several years
Other contributory causes of importance:
Post-operative adhesion of several years standing

Name of operation Laparotomy Date of July 14
What test confirmed diagnosis? Surgical 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) S. E. Meor, M. D.
(Address) 809 1/2 Jefferson

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 10 1934

JAN 18 1955