

NOV 13 1934

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

Do not use this space.

34776

1. PLACE OF DEATH

County _____

Registration District No. **791**

Township _____

Primary Registration District No. **1003**City **St Louis** (No. **8420**)City **St Louis** (No. **8420**)

File No. _____

Registered No. **9641**

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode) **700 W. Jackson St., NY** Ward. _____

(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 **m** 4. COLOR OR RACE **w** 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) **Nov. 12, 1866**7. AGE YEARS **67** MONTHS **9** DAYS **21** IF LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Nil**

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) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**13. NAME **Romanus Brewer**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Michigan**15. MAIDEN NAME **Caroline Campbell**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Michigan**17. INFORMANT **Wm J. Miller** (ADDRESS) **City St Louis**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **St Louis** DATE **9-6** 19**34**19. UNDERTAKER **Walter Richter** (ADDRESS) **3500 Ryker St**20. FILED **-1** 19**34** **J. J. Beedeck** Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/3** 19**34**22. I HEREBY CERTIFY, That I attended deceased from **8/17** 19**34**, to **9-3** 19**34**I last saw him alive on **9-3** 19**34** Death is saidto have occurred on the date stated above, at **7:20 P.M.**

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

Myocarditis, chronic Date of onset _____**Cardiac failure**

Other contributory causes of importance:

Arteriosclerosis General**malignancy (?)**Name of operation **none** Date of _____What test confirmed diagnosis? **X-ray** Was there an autopsy? **N.O.**

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 _____

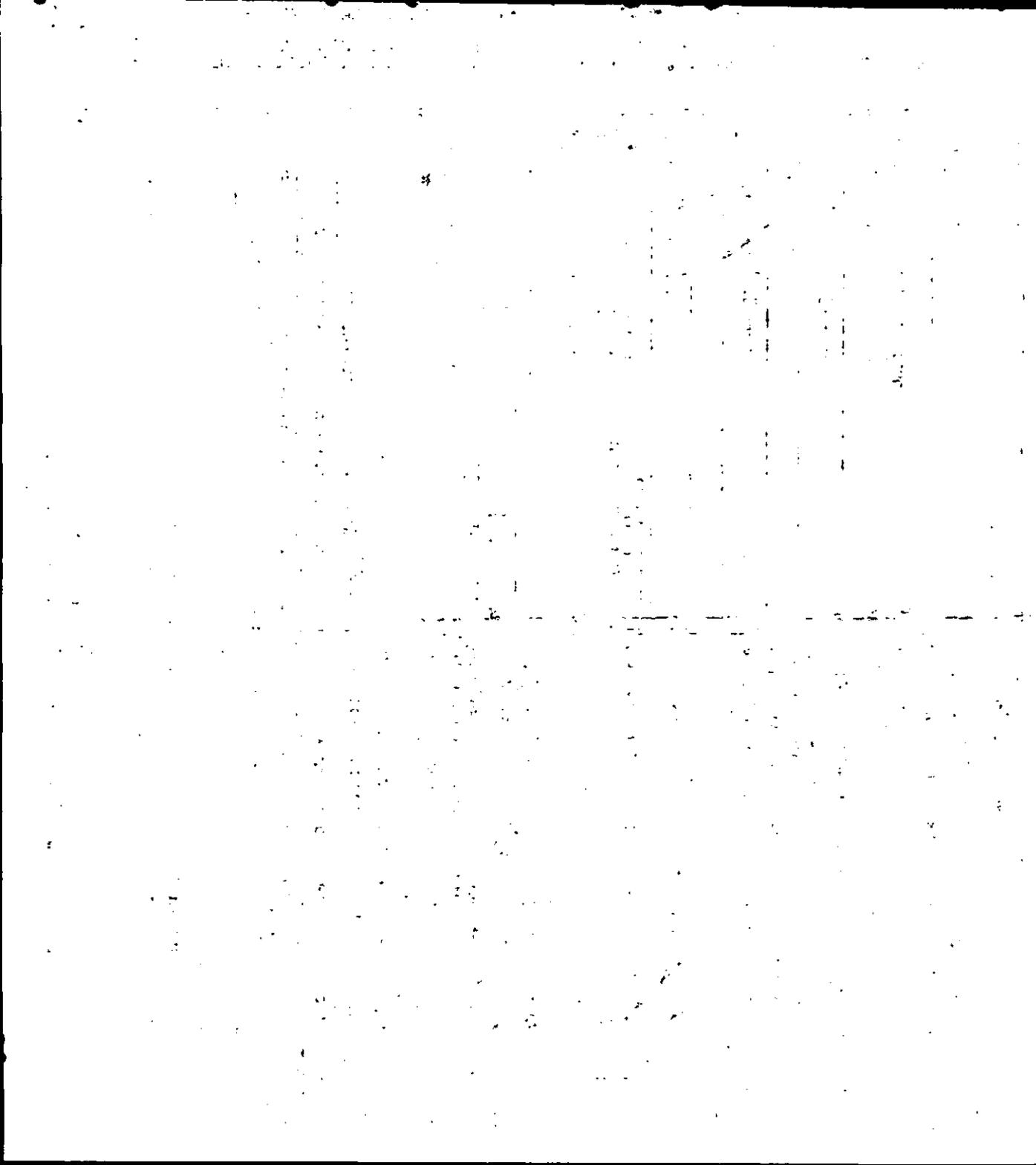
24. Was disease or injury in any way related to occupation of deceased? **N.O.**

If so, specify _____

(Signed) **J. J. Beedeck**, M. D.(Address) **City St Louis**

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.



S-34776