

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

Do not use this space.

SEP 16 1935

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1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City *St. Louis* (No. *6* on Route *City Hospital #1* St. Ward) (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence, No. *2839 Benton* St., *20* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 17 1926*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 10 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at school*

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 *Julius Brewer*

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

15. MAIDEN NAME *Viola Broughton*

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

17. INFORMANT (ADDRESS) *Viola Broughton 2839 Benton St. St. Louis Mo*

18. BURIAL (CREMATION OR REMOVAL) PLACE *Calvary Cemetery St. Louis Mo*

19. UNDERTAKER (ADDRESS) *St. Louis Mo*

20. FILED *1003 - 1 1935* Registrar. *J. Brudick*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 30 1935*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at *2:20* p.m.

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

*Fractured Cervical Vertebrae
Fractured Skull received when struck by auto while deceased was waiting in a coaster wagon in St. Louis, Mo.*

Other contributory causes of importance: *Accident 1945 21077*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Accid* Date of injury *7/30, 1935*

Where did injury occur? *St. Louis Mo* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *Public Place*
Manner of injury *Struck by auto*
Nature of injury *Fractured Skull*

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *J. Brudick* Registrar. *J. Brudick* M.D.
(Address) *St. Louis Mo*

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.

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

1955

RESEARCH REPORT NO. 100

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