

JUN 13 1936

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

Do not use this space.

21488

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. 152887)

Registration District No. 791
Primary Registration District No. 1003

File No. 5730
Registered No. 5730
St. Ward

2. FULL NAME

(a) Residence, No. 2624 St. St. Louis Ward 23
(Usual place of abode)

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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Lion Brew

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21 - 1875

7. AGE YEARS 61 MONTHS 6 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.P.A.
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

MOTHER 13. NAME Wm P. Brew

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Eden Mosby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT John J. [unclear] (ADDRESS) City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Cem

19. UNDERTAKER (ADDRESS) Sullivan Undertaking Co

20. FILED JUN 1 1936 Registrar J. [unclear]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/29/36 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/27, 1936 to 5/29/36, 1936.
I last saw him alive on 5/29, 1936 Death is said to have occurred on the date stated above, at 11:00 am.
The principal cause of death and related causes of importance were as follows:

Ulcerative Cystitis
Chronic nephritis

Date of onset

Other contributory causes of importance: Arteriosclerosis
Uremia

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?
If so, specify.....

(Signed) Frank J. [unclear], M. D.
(Address) City, Mo

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.

RECORDS RESERVE FOR BINDING

