

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

Do not use this space.

32806

1. PLACE OF DEATH **SEP 15 1936**  
 County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **American Hospital.**) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **Rolla O. Brewer.**  
 (a) Residence, No. **7914 Page Ave.** St. **NR** Ward. **St. Louis Co., Mo.**  
 (Usual place of abode) (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) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Alta Brewer.**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 14, 1899.**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**36 10 6**  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Auto Mechanic.**  
 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) **Renolds Co., Missouri.**  
 (STATE OR COUNTRY)

FATHER 13. NAME **James W. Brewer.**

14. BIRTHPLACE (CITY OR TOWN) **Renolds Co., Missouri.**  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Lavata Copeland.**

16. BIRTHPLACE (CITY OR TOWN) **Renolds Co., Missouri.**  
 (STATE OR COUNTRY)

17. INFORMANT **Mrs. Alta Brewer.**  
 (ADDRESS) **7914 Page Ave.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Ironton, Mo.** DATE **Aug. 22, 1936.**

19. UNDERTAKER **Geo. L. Gleitsch Inc.**  
 (ADDRESS) **5966 Easton Ave.**

20. FILED **AUG 21 1936**  
**J. T. Bredeck**  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 20, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 17, 1936, to Aug 20, 1936**  
 I last saw him alive on **Aug 20, 1936** Death is said to have occurred on the date stated above, at **10:10 P. M.**

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

**Rupture of appendix  
 Gangrenous ileitis  
 General Peritonitis**  
 Date of onset **8-16-36**  
 Other contributory causes of importance: **Pulmonary tuberculosis**

Name of operation **Laparotomy** Date of **8-17-36**  
 What test confirmed diagnosis **Blood picture** Was there an autopsy? **No**  
**Clinical symptoms**

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 **No**

(Signed) **Walter B. Pfeffer** **D.O.**  
 (Address) **1176 Redmond** **M. D.**

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.

WHITE PLAINS, WITH UNFOLDING INSTRUMENTS IS A PERMANENT RECORD

1167 *Stachys*