OCT 5 1936

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

Do not use this space.

File No. 36077

Registered No. 9718

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. CITY HOSPITAL NO. 2 St. ..... Ward)

2. FULL NAME James Brewer

(a) Residence, No. 1229 r/10th St. St., 25 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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: Negro

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Brewer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1869

7. AGE — YEARS: About 67 MONTHS: 11 DAYS: 20 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.: common

10. Date deceased last worked at this occupation (month and year): TWO MONTH

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KNOX Kansas

FATHER

13. NAME: Edward Brewer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

MOTHER

15. MAIDEN NAME: Mary Wire

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KNOX Kansas

17. INFORMANT: Esther Mae Brewer
(ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harther Dickson DATE Sept 25 1936

19. UNDERTAKER: Lounday Thomas
(ADDRESS) 1301 Jefferson ave

20. FILED SEP 24 1936 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 9-14-, 1936, to 9-20-, 1936

I last saw him alive on 9-20-, 1936 Death is said to have occurred on the date stated above, at 4:30 A. M.

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

	Date of onset
CARCINOMA OF PROSTATE	9-14-36
51C	

Other contributory causes of importance:

SYPHILIS

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) J. Owen Blache, M. D.

(Address) 2945 Lawton

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

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