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.

DEC 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. Missouri 1123 — File No. 39939

Township [illegible] — Primary Registration District No. 6248B — Registered No. 388

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME Bernard BREWER

(a) Residence, No. 1901 Ferry St., Ward. St Louis Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? un yrs. kno mos. wn 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~~ Mrs. Dorothy Brewer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1893

7. AGE — YEARS: 43 — MONTHS: 4 — DAYS: 17 — 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. Construction
10. Date deceased last worked at this occupation (month and year) Jan. 1936
11. Total time (years) spent in this occupation unkwn

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Missouri

FATHER

13. NAME unavailable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable unavailable

MOTHER

15. MAIDEN NAME unavailable
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable unavailable

17. INFORMANT (ADDRESS) M Schelling Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE Oct. 10, 1936

19. UNDERTAKER (ADDRESS) 7814 So. Broadway St. Louis Mo.

20. FILED Oct 8, 1936 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1936, to October 7, 1936

I last saw him alive on October 7, 1936 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

	Date of onset
Nephritis, Chronic, without Edema and with marked retention of Urea	Unkwn

Other contributory causes of importance: None

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Name of operation none Date of

Was test confirmed diagnosis? phy. exam. clinical manifestations laboratory 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 C. W. Hughes

(Signed) C. W. HUGHES, Chief Medical Officer M. D.

(Address) Jefferson Barracks, Missouri.