

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

Do not use this space.

3018

1. PLACE OF DEATH

County St. Louis
Township Clayton
City Clayton

Registration District No. 790
Primary Registration District No. 6033e
(No. St. Louis Co. Hospital)

File No. _____
Registered No. 22
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 8721 Brentwood St. 1
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pearl Brydie</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 18 1878</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>7</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nil</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

13. NAME David Brydie

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

15. MAIDEN NAME Mary ?

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

17. INFORMANT Mr. Robert Brydie
(ADDRESS) 5226 Page Ave

18. BURIAL, CREMATION, OR REMOVE
PLACE leaf still born DATE Jan 19 1937

19. UNDERTAKER Geo. L. Pleitich Inc
(ADDRESS) 5946 Easton Ave

20. FILED 1/19 1937 Dr. J. J. Sigarelli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16-37 19

22. I HEREBY CERTIFY, That I attended deceased from 1-14-37 19, to 1-16-37 19.
I last saw him alive on 1-16-37 19. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
(sub arachnoid)
(at hemisphere Base)
Date of onset 1/13/37

Other contributory causes of importance:

Chr. Hypertension

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? _____ 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 Robert J. Brydie M. D.
(Signed) _____
(Address) St. Louis Co. Hosp.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

7-21-37
20-1-37
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