REC'D MAR 24 1938

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. 96 — File No. 8186
Township Carondelet — Primary Registration District No. — Registered No. 322
City Jefferson Barracks (No. V.A.F. St. Ward)

2. FULL NAME Odo BREWER
(a) Residence, No. 660 Cuba Mo. St., Ward. Cuba, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred unkn. 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: Mrs. Orphie Brewer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 9, 1896

7. AGE: Years 41 — Months 10 — 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.: -
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): Cuba, Missouri. 0

FATHER
13. NAME: Pinkney Brewer, 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia. 0

MOTHER
15. MAIDEN NAME: Maggie Fulton,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cuba, Missouri.

17. INFORMANT (ADDRESS): M. Schilling Clinical Clerk, VAF, Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cuba Mo. DATE Feb 17 1938

19. UNDERTAKER (ADDRESS): Chas. F. Lisar 1925 Gravois Bvd

20. FILED 2-17 1938 F. R. Meyer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1938, to Feb. 17, 1938
I last saw him alive on Feb. 17, 1938. Death is said to have occurred on the date stated above, at 2:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, gangrenous, ruptured, with generalized Peritonitis.	unkn.

Other contributory causes of importance: none.

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Name of operation: Laparotomy. Date of: 2/15/38
What was confirmed diagnosis? phys. clinical findings & 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
(Signed) C. W. Hughes, M.D., Ch. Med. Officer M. D.
(Address) VAF, Jefferson Barracks, Mo.

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.