R 28 1928

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.

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

Do not use this space.

10531

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 B — Registered No. 95
City (No. Baumgartner Road St. Ward)

2. FULL NAME Allen J. Brisette
(a) Residence. No. St., Ward.
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12, 1927

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 0 | 5 | 13 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Joseph Brisette
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis Co.
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Marie Schmidt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis Co
(STATE OR COUNTRY) Missouri

14. INFORMANT Joseph Brisette
(Address) Jeff. Bks R.R. #10

15. Mch. FILED 26 1928 L. C. Obrock REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 21st, 1928, to Mar 24th, 1928 that I last saw him alive on Mar 24th, 1928, and that death occurred, on the date stated above, at 1245 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchitis.
10 hrs
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) 99 00
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Waldo H Will, M. D
, 19 (Address) Jeff Bks R 8 Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New St Johns
DATE OF BURIAL: 3/28 1928

20. UNDERTAKER: Hoffmeister U & L Co
ADDRESS: 7814 S. Bdwy