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

Do not use this space.

2868

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 B — Registered No. 17
City Jefferson Barracks, Mo. U.S. Veterans Hospital, Jefferson Barracks, Mo. Ward)

2. FULL NAME Henry J. Brisk
(a) Residence. No. 717-A No. 13th Str., St., Ward.
(Usual place of abode) E. St. Louis, Ills, (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.
un kn own.

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) April 3, 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
36	9	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Foreman 39
(b) General nature of industry, business, or establishment in which employed (or employer) American Steel Co.
(c) Name of employer American Steel Co.

9. BIRTHPLACE (CITY OR TOWN) Grand Fork
(STATE OR COUNTRY) North Dakota.

PARENTS
10. NAME OF FATHER Robert Brisk.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Poland. 20
12. MAIDEN NAME OF MOTHER Alexandra Stankawiec.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable,
(STATE OR COUNTRY) Poland.

14. INFORMANT C. H. Smith. Clinical Director.
(Address) U.S. Veterans Hospital Jefferson Barracks, Mo.

15. FILED 1-14, 1931 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 14, 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1930, to January 14, 1931 that I last saw him alive on January 14, 1931, and that death occurred, on the date stated above, at 10:40 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis, chronic.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 131

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray & Laboratory Findings.
(Signed) [signature] Gibson, Medical Officer In Chg.
, 19 (Address) U.S. Veterans Hospital, Jefferson Barracks, 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: East St Louis Ills — DATE OF BURIAL: Jan 17 1931

20. UNDERTAKER: Kurrus Und Co — ADDRESS: E St Louis.

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.

96

FEB 23 1931

AUG 18 1944
AUG 29 1944
AUG 28 1944