

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

Do not use this space.
38625

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **203**
City, **St. Louis** (No. **5927**, **Nale Ave**)

File No.....
Registered No. **10293** St. Ward)

2. FULL NAME **Michael Brazell**

(a) Residence, No. **5927 Nale Ave** St., **4** Ward.

(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 <i>Male</i> | 4. COLOR OR RACE <i>white</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lamanda Brazell</i> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 5 1865</i> | | |
| 7. AGE | YEARS <i>68</i> | MONTHS <i>1</i> |
| | DAYS <i>4</i> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Brick layer</i> | |
| | 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) <i>Washington - Mo</i> | | |
| MOTHER FATHER | 13. NAME <i>Edward Brazell</i> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i> | |
| | 15. MAIDEN NAME <i>Ellen O'Leary</i> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Indiana</i> | |
| 17. INFORMANT <i>Lamanda Brazell</i> (ADDRESS) <i>5927 Nale Ave</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary Cem</i> DATE <i>12-2</i> 19.. | | |
| 19. UNDERTAKER <i>Brishkover Mortuaries</i> (ADDRESS) <i>4329 So. Kingshighway</i> | | |
| 20. FILED <i>J. H. Keefe</i> 19.. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 29* 19 *33*

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 10* 19 *32* to *Nov 29* 19 *33*
I last saw him alive on *Nov 29* 19 *33* Death is said to have occurred on the date stated above, at *8 A* m.
The principal cause of death and related causes of importance were as follows:
Sarcoma right femur 530

Other contributory causes of importance:

Name of operation *none* Date of

What test confirmed diagnosis? *X-Ray* 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? *no*
If so, specify

(Signed) *A. J. Murphy* M. D.
(Address) *716 05 Manchester Av.*

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.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Ms. 0152

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