

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

Do not use this space.

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8395

1. PLACE OF DEATH SEP 13 1934
 County..... Registration District No.
 Township..... Primary Registration District No.
 City..... *St. Louis* (No. *4866 Carter A*) St. Ward)

2. FULL NAME..... *Frank E. Brisson*
 (a) Residence, No. St. *10* 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 *Single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown 1882*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Ice local*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Merchant*
 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) *Mo.*
 13. NAME *Joseph Brisson*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *France*
 15. MAIDEN NAME *Philomania Bay*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*
 17. INFORMANT *Rosie Brisson*
 (ADDRESS) *4866 Carter A*
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Cathary* DATE *Aug 17* 19*34*
 19. UNDERTAKER *Cather J. H. ...*
 (ADDRESS) *3840 ...*
 20. FILED *Aug 10 1934* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *August 14th* 19*34*
 22. I HEREBY CERTIFY, That I attended deceased from *March 15th* 19*31*, to *Aug 14th* 19*34*
 I last saw him alive on *Aug 14th* 19*34*. Death is said to have occurred on the date stated above, at *4:45 P.M.*
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
93
ABC
 Other contributory causes of importance:

Date of onset
 duration
 from
 personal
 knowledge
4 years

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 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) *Peter A. E. ...* M. D.
 (Address) *4701 St. Louis Ave.*

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.

Doc Eck

4701 at Linn

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