

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.

31387
8702

1. PLACE OF DEATH SEP 13 1934

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **77**) **Marionse Home Hospital** St. _____ Ward _____

2. FULL NAME **Briscella Julian**

(a) Residence, No. **5357 Delmar** St., **12** 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank H			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 16, 1854			
7. AGE	YEARS	MONTHS	DAYS
	80	7	11
If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none		
	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) St. Louis mo			
FATHER	13. NAME Straub		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown		
MOTHER	15. MAIDEN NAME unknown		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown		
17. INFORMANT Yusula Eckert (ADDRESS) Amaha Nebraska			
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Aug 30 19 34			
19. UNDERTAKER A. Kron & M. Co (ADDRESS) 2707 W. Second Blvd			
20. FILED J. Bredick Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 27** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 1** 19**34**, to **Aug 27** 19**34**
I last saw him alive on **August 29** 19**34** Death is said to have occurred on the date stated above, at **12:00** **noon**
The principal cause of death and related causes of importance were as follows:
Laminar ossification of liver
46E
16E
Date of onset **3 mos**

Other contributory causes of importance: **Renality** **6** **1 yr**

Name of operation..... Date of.....
What test confirmed diagnosis? **Phys. Ex.** 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 **Colon Cancer**
(Signed) **508 W. Grand Blvd.**, M. D.
(Address) **St. Louis Mo.**

Alon Cameron