

APR 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **6525**) **Clayton Ave.** St. **11219** Ward)

File No.....
Registered No. **2876**

2. FULL NAME **James Brakulis**

(a) Residence, No. **6525 Clayton 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 **M** 4. COLOR OR RACE **Greek** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 19 - 1875**

7. AGE YEARS **59** MONTHS **9** DAYS **8** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Candy Maker**

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) **Greece**

13. NAME **George Brakulis**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Greece**

15. MAIDEN NAME **Kaliops**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Greece**

17. INFORMANT **Anastasias Brakulis** (ADDRESS) **6525 Clayton Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **March 28**, 19**35**

19. UNDERTAKER **Mullen Bros.** (ADDRESS) **4259 Lindell Blvd.**

20. FILED **MAR 28 1935** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 27, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 15th**, 19**35**, to **March 27**, 19**35**

I last saw him alive on **March 25**, 19**35** Death is said to have occurred on the date stated above, at **4:30 P.M.**

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1933
Acute dilatation of heart.
Diabetes Mellitus 1930

Other contributory causes of importance:

Name of operation **None** Date of.....

What test confirmed diagnosis? **Physical signs** Was there an autopsy? **Yes**

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? **Yes**

If so, specify **Self**

(Signed) **Joseph Davie**, M. D.

(Address) **Clayton Blvd**

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.

David
Joe Hamie
Century Bldg