APR 11 1936

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

Do not use this space.

13080

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 3435 1/2 Magnolia St. ..... Ward)

File No. ..... Registered No. 3151

2. FULL NAME Alfred Brine

(a) Residence, No. 3435 1/2 Magnolia St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 (*write* the word): widower

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, HUSBAND OF ~~(OR) WIFE~~ OF: Louise Brine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 25 - 1856

7. AGE: YEARS 79 | MONTHS 4 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Station engineer
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): England

FATHER

13. NAME: Unk. Brine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Mrs. Mabel Grate, 3435 1/2 Magnolia av

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Matthews DATE Mar 23, 1936

19. UNDERTAKER (ADDRESS): E. J. Schnur, 3125 Lafayette av

20. FILED MAR 23 1936, 19 ..... J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3 - 22 - , 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-27, 1935 to 3-22-, 1936
I last saw him alive on 3-22-, 1936. Death is said to have occurred on the date stated above, at 3:17 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis ? | Date of onset

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Other contributory causes of importance:

Chronic Endocarditis ?

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? .....
If so, specify .....
(Signed) Joseph B. Chiles, M. D.
(Address) 1740 Chouteau 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.