JAN 10 1937

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

Do not use this space. 43318-a

~~SUPPLEMENT~~ 791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 12102

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis, Mo. (No. City Infirmary St. ..... Ward)

2. FULL NAME Frank Brellis,

(a) Residence, No. City Infirmary St., Hospital Ward. 13 (If nonresident, give city or town and State)
(Usual place of abode) 5800 Arsenal St.

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
about ~~[illegible]~~	74	~~[illegible]~~	~~6~~	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Frank Brellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Frances Miles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) E. Molony, 5800 Arsenal ST.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 12/9/36 19

19. UNDERTAKER (ADDRESS) J H Gebken L and U Co 2842 Mermec

20. FILED DEC 9 1936 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1931 to November 27, 1936

I last saw him alive on November 27, 1936 Death is said to have occurred on the date stated above, at 3:40 P.M.

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

	Date of onset
CHRONIC MYOCARDITIS c̄ pulmonary edema	
186a	

Other contributory causes of importance:

ARTERIOSCLEROSIS, generalized Contusion left hip, suffered in fall about 5 wks ago

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 30, 1936

Where did injury occur? St Louis, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. City Infirmary

Manner of injury Fall out of bed

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L G Pray, M. D.

(Address) 5600 Arsenal

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-3-28-35