APR 9 1937

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 ..... (No. 5012 ARLINGTON AVE St. ..... Ward)

File No. 10840

Registered No. 3414

2. FULL NAME ALFRED J. BRAZIER

(a) Residence, No. 5012 ARLINGTON AVE St., 7 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: AGNES BRAZIER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV. 11, 1867

7. AGE: 69 YEARS 4 MONTHS 16 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): NEW YORK

FATHER

13. NAME: HARRY BRAZIER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

MOTHER

15. MAIDEN NAME: MARY BLAKE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CANADA

17. INFORMANT (ADDRESS): AGNES BRAZIER, 5012 ARLINGTON AVE

18. BURIAL, CREMATION, OR REMOVAL

PLACE: CALVARY CEMETERY DATE: MAR. 30, 1937

19. UNDERTAKER (ADDRESS): Goodhart & Goodhart, 2228 St. Louis ave

20. FILED: MAR 29 1937 19 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1934, to March 27, 1937

I last saw him alive on March 26, 1937. Death is said to have occurred on the date stated above, at 10:30 A.m.

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

	Date of onset
Cerebral hemorrhage (non-traumatic)	1934
Other contributory causes of importance:	
Arterio-sclerosis	1930?

Name of operation: none Date of: —

What test confirmed diagnosis? Clinical 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) W. B. Kupper, M. D.

(Address) 4500 Olive St. 1

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.

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