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

32158
Do not use this space.

1. PLACE OF DEATH Oct 4 1937 — 2 — 791 — 1003

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 8212

(c) City St. Louis (d) Street No. 5972 De Giverville Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Augustine Brisolara

(a) Residence, No. 5972 De Giverville Ave. St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1874

7. AGE: YEARS 62 MONTHS 11 DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) N.Y. 93C

FATHER
13. NAME Joseph Brisolara
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Mary Longinotti
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Miss Jennie Brisolara 5972 DeGiverville Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Sept. 2, 1937

19. FUNERAL DIRECTOR (ADDRESS) Arthur J. Donnelly Undt. Co. 3840 Lindell Blvd.

20. FILED SEP 1 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 10th 1937 to Aug. 29th 1937
I last saw her alive on Aug 27th 1937 Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	3 y.
Chronic General Arterio-sclerosis	3 y. +
Other contributory causes of importance: Tumor of lower fole (l) thyroid "non malignant"	?

Name of operation Nova Date of
What test confirmed diagnosis? Was there an autopsy? No
Physical signs

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? No
If so, specify
(Signed) Joseph Davie, M. D.
(Address) Century Bldg

(Licensed Embalmer's Statement on Reverse Side)

Dr. Joseph Davie Ga.1276
Room 653 Century Bldg. 2 to 5

STATEMENT BY LICENSED EMBALMER

I, W.H. Van Matre, Licensed Embalmer No. 2825

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed W.H. Van Matre

Licensed Embalmer No. 2825

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)