

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

4916  
Do not use this space.

791  
1003

REC'D MAR 13 1939

1. PLACE OF DEATH

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

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

(c) City ST. LOUIS..... (d) Street No. EPISCO. HOSPITAL..... Registered No. 1609  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(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 Marion Andrew Brayfield

(a) Residence, No. 6837 Hancock Ave. St. 3 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
52      4      10

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

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

10. Date deceased last worked at this occupation (month and year) 10-18-1938 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

FATHER 13. NAME Samuel Brayfield

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

MOTHER 15. MAIDEN NAME MARCEE BROOKS

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

17. INFORMANT Genesie S. Brayfield  
(ADDRESS) 6837 Hancock Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Nash Cem. DATE 2-21-1939

19. FUNERAL DIRECTOR (NAME) MITTELBERG FUNERAL HOME, INC.  
(ADDRESS) WEBSTER GROVES, MO.

20. FILED FEB 20 1939 J.P. Brueck  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18/39, 19.....

22. I HEREBY CERTIFY, That I attended deceased from 1/20/39, 19....., to 2/18/39, 19.....  
I last saw him alive on 2/18/39, 19..... Death is said to have occurred on the date stated above, at 12:10 PM.  
The principal cause of death and related causes of importance were as follows:  
Maligant of Pancreas

Date of onset

Other contributory causes of importance: None

Name of operation Laprotomy Date of 11/22/38

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 19.....  
Where did injury occur? None  
(Specify city or town, county, and State)

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

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None

(Signed) A. C. Carr M. D.

(Address) 4960 Locust

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Albert G. Hoop*

Licensed Embalmer No.....

2971

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**