JUL 14 1939 REC'D JUL 24 1939

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

23333
Do not use this space.

1. PLACE OF DEATH
(a) County Saint Louis
(b) Township Carondelet
(c) or City ~~Jefferson Barracks~~
Registration District No. 78
Primary Registration District No. 200
Registered No. 1271
(d) Street No. Veterans Hospital 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 Unkn. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME William H. Brazelton
(a) Residence, No. 4039 Glasgow Avenue, Saint Louis St. Missouri
(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: Male
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) May 22, 1867
7. AGE: Years 72 | Months 1 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Contracting work
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) Saint Louis, Missouri. 0

FATHER
13. NAME Isaac Brazelton 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Missouri 1

MOTHER
15. MAIDEN NAME Sophie Barrows
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Born on ocean between Germany and New Orleans. La.

17. INFORMANT (ADDRESS) Cl. Clerk, VAF Jefferson Bks., Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cemetery DATE July 17, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. Hoffmeister U. & L. Co. 7814 S. Broadway, St. Louis, Mo.
20. FILED JUL 14 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 15, 1939, to July 13, 1939
I last saw him alive on July 13, 1939. Death is said to have occurred on the date stated above, at 8:30A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general (senile) with cerebral cardio-renal and hepatic involvement.	Unkn.

Other contributory causes of importance: None

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Name of operation None Date of
What test confirmed diagnosis? Phy. clinical manif. and lab. Was there an autopsy? NO

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?
If so, specify
(Signed) C. W. HUGHES, Chief Med. Officer M. D.
(Address) VAF., Jefferson Barracks, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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