

AUG 30 1939

REC'D SEP 7 1939

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

30288  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township Carondelet Primary Registration District No. 200 Registered No. 1545

(c) City Jefferson Bks., Mo. (d) Street No. Veterans Administration Facility, 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 Brawley, Anthony

(a) Residence, No. RFD #2, Piedmont, Mo. St.  (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>43</u>	<u>3</u>	<u>21</u>	

OCCUPATION

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

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) Riverside, Missouri, O

FATHER

13. NAME John Brawley O

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri O

MOTHER

15. MAIDEN NAME Mathilda Babb,

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

17. INFORMANT (ADDRESS) M. Schullig, Clinical Clerk, Vet. Adm. Fac., Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE PIEDMONT, Mo DATE Aug 31, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. Hoffmeister N-26, 7814 S. Blydenway

20. FILED AUG 30 1939 G. R. Meyer, M.D., Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30, 1939.

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1939 to August 30, 1939

I last saw him alive on August 30, 1939 Death is said to have occurred on the date stated above, at 4:40 AM

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

Chronic Myocarditis, with marked Cardiac Enlargement, origin undet. Date of onset Unkn.

Other contributory causes of importance:

Pulmonary Infarction with Pleural Effusion. Unkn.

Name of operation Thorocenteses (7) Date of 6/20/39

What test confirmed diagnosis? phys. exam, x-rays, lab. findings. 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 Chronic Myocarditis

(Signed) G. W. HUGHES, M.D., Chief Medical Officer, M. D. (Address) Veterans Admin. Facility, Jefferson Bks., Mo.

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. *4049*

P. O. Address *6464*

**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.**