

MAY 15 1940  
Registration District No. 791

Primary Registration District No.

1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5927 Dale Ave. 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis 4  
(If outside city or town limit, write "RURAL")  
 (d) Street No. 5927 Dale Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th  
 year 1940 hour 6 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 8 1940 to April 19 1940  
 that I last saw him alive on April 18 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Edward (Bird) Brazell 124

3. (b) If veteran, name war World War 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Dec. 31 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 3 19 hr. \_\_\_\_\_ min.

9. Birthplace: St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Terra-Cotta worker

11. Industry or business retired 10 Yrs.

MOTHER { 12. Name Michael Brazell

13. Birthplace Augusta Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Lamanda Roth

15. Birthplace St. Charles County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lamanda Brazell

(b) Address 5927 Dale Ave.

17. (a) Burial (b) Date thereof 4-22-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Kriegshauer Mortuary

(b) Address 4228 So. Kingshighway

19. (a) APR 20 1940 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or nurse) \_\_\_\_\_  
 Address 446 [Address] Date signed [Date]

Dr. DeWitt  
after 10 A.M. Sat.

13150

**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 Edwin M. Bennett  
Licensed Embalmer No. 3024  
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.**