

No. 2
12-40
17-39
X23199

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

26889
State File No. _____
Registrar's No. 6785

F-5219
Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis, City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 Days
(Specify whether
In this community 30 Years.
years, months or days)

3. (a) PRINT FULLNAME George Brelsford 642
3. (b) If veteran, name war No. _____
3. (c) Social Security No. 497-03-6552

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Laura Brelsford. 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased January 21 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 6 18 hr. min.

9. Birthplace Dallas, Texas.
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Shapleigh Hardware.

MOTHER FATHER
12. Name Thomas Brelsford.
13. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Scott.
15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Brelsford
(b) Address 3616a N. Taylor Ave.

17. (a) Burial (b) Date thereof 8-12-40.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters cem.

18. (a) Signature of funeral director H. Leidner and Co.
(b) Address 2223 St. Louis Ave.

19. (a) AUG 10 1940 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County _____
(c) City or town St. Louis. #70
(If outside city or town limits, write "RURAL")
(d) Street No. 3616a N. Taylor Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9,
year 1940 hour 7 minute 50 AM.
21. I hereby certify that I attended the deceased from July 19,
1940 to August 9, 1940;
that I last saw him alive on August 9, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular accident
thrombosis 3 days
Due to Hypertensive - malignant 2 yrs.
Due to ? Deformed right kidney ?
Other conditions Hypertensive Heart Disease 2 yrs.
(Include pregnancy within 6 months of death)

MAJOR FINDINGS:
Of operations None.
Of autopsy None. 95 62
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature James T. Murphy (M. D. or other)
Address 1515 Lafayette Date signed 8/9/40

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

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.....

John A. Mlinar Registered Apprentice No. *207*
working under my personal supervision.

Signed *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *1223 St. Louis*

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, fact should be so stated above.