

Registration District No. 17 1949

Primary Registration District No.

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:
Christian Hospital
(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 Missouri (b) County 000
(c) City or town St. Louis 10 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4453 Sanfrancisco Ave 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James (Bert) Brabazon

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-05-0164

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dee Brabazon 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased April 17th 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 14
If less than one day _____ hr. _____ min.

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

10. Usual occupation Bartender

11. Industry or business _____

MOTHER FATHER { 12. Name James Brabazon
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Alice Mulqueen
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dee Brabazon
(b) Address 4454 Sanfrancisco Ave

17. (a) Burial (b) Date thereof 2/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) FEB 3 1949 (b) J. Z. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31st
year 1942 hour 9 minute 30a M.

21. I hereby certify that I attended the deceased from _____ 1941 to 1-31 1942
that I last saw h. im alive on 1-31- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis leumo
Due to _____
Due to _____
Other conditions Crown embolism 24hr
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations AAA
Of autopsy _____
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)
(a) Means of injury fall
23. Signature Malcolm (M. D. or other) MD
Address 5738 W. Belmont Date signed 2-4-42

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

A 6-0341

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 Frank H. Short

Licensed Embalmer No. 2266

P. O. Address 4609 1/2 D. Bridge

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.