

FILED MAR 10 1942

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 468

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo., 22 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 10239 Driver Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME

Albert Brazier

3. (b) If veteran, name war unknown
3. (c) Social Security No. unknown

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Mary Brazier
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 24 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 3
If less than one day
.....hr.min.

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

10. Usual occupation nil.

11. Industry or business

12. Name George Brazier
13. Birthplace unknown Canada
(City, town, or county) (State or foreign country)
14. Maiden name Harriet Cox
15. Birthplace unknown of England
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Brazier
(b) Address 10239 Driver Ave
17. (a) Burial (b) Date thereof 3/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Baumann Bros
(b) Address 2504 Woodson Rd Overland Mo
19. (a) MAR - 2 1942 (b) S. H. McFarland
(Date received from father) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1942 hour 9 minute: 35 A.M.

21. I hereby certify that I attended the deceased from 12-5-41
....., 19..... to 2-27-42 19.....
that I last saw him alive on 2-27-42 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Duration 2 wks

Due to Carcinoma of Larynx ref

Due to

Other conditions 47a
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
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) (e) Means of injury.....

23. Signature S. H. McFarland (M. D. or other) M.D.
Address St. Louis Co. Mo. Date signed 2/27/42

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

76
2
3

707

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..... *Oscar F. Mueller*

Licensed Embalmer No..... *3039*

P. O. Address..... *Overland mo*

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.