

Registration District No. 1818

Primary Registration District No. 1003

Registrar's No. 1043

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)
 In this community 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
 (c) City or town St Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1217 Missouri
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Russell Brials

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex Male 5. Color or Race White Negro
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Lesh Brials 6. (c) Age of husband or wife if alive 40 years
 7. Birth date of deceased: June 20 1903
(Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Mississippi (City, town, or county) (State or foreign country) U.S.

10. Usual occupation Labor

11. Industry or business _____

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

16. (a) Informant Lesh Brials

(b) Address 1217 Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 1 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Obble Lake Cemetery

18. (a) Signature of funeral director A. J. Burtess

(b) Address 1160 3rd St

19. (a) FEB 1 1944 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
 year 1944 hour 2 minute 05 A.M.

21. I hereby certify that I attended the deceased from January 21, 1944, to January 28, 1944; that I last saw him alive on January 28, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Nephrosclerosis Duration 5 Weeks

Due to _____

Due to _____

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

Major findings: _____
 Of operations _____

Of autopsy See above

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. E. Smith (M. D. or other) 1-29-44
 Address 2601 N Whittier St Date signed _____

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

James A. Johnson

Licensed Embalmer No. *332*

P. O. Address. *3506 Franklin*

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.