S. No. 2
0M—2-43
v. 5-17-39
o. I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28875

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 8211

10
17
9

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:
Home 954 Harlan Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 45 Yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No. 954 Harlan Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frances Brizinski

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Peter Brizinski

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 23 (Day) 1889 (Year)

8. AGE: Years 56 | Months 3 | Days 26 | If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business

MOTHER FATHER

12. Name John Flescher

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

14. Maiden name Pauline Lange

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Lena Kuslinski

(b) Address 954 Harlan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Diedrich F. Horne

(b) Address 8319 Halls Ferry Rd.

19. (a) SEP 21 1945 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18 year 1945 hour 5 30 minute P. M.

21. I hereby certify that I attended the deceased from January 11 1944 to Sept 18 1945 that I last saw her alive on Sept. 18 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	10 days
Due to	
Due to 61	

Other conditions Diabetes, arthritis deforans ? (Include pregnancy within 3 months of death)
arterio-sclerosis

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Eugene L. Arnold (M. D. or other) M.D.
Address 1449 McLaran Date signed 9/21/45

(Licensed Embalmer's Statement on Reverse Side)

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 By W Wilkinson

Licensed Embalmer No. 3578

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, fact should be so stated above.