S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42364

State File No. 0

FILED DEC 29 1945

Registration District No. 377

Primary Registration District No. 2062

Registrar's No. 2907

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6928 Dartmouth Ave., /
(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 Mo. (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6926 Dartmouth Ave., 5
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME Anthony Brisco.

3. (b) If veteran, name war No

3. (c) Social Security No. 490-20-6411

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lora Brisco

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

7. Birth date of deceased Feb. 12, 1866.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	10	9	____ hr. ____ min.

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

10. Usual occupation Barber

11. Industry or business ____

FATHER
12. Name John Brisco
13. Birthplace Italy 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eleanor ? .
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nettiemae Brockmeyer
(b) Address 6926 Dartmouth Ave.,

17. (a) Burial (b) Date thereof Dec. 24/45.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) 12-28-45 (b) E.G. McGarrach M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 21
year 1945 hour 10.10 minute A.M. M.

21. I hereby certify that I attended the deceased from June 15, 1948, to Dec 21, 1945
that I last saw him alive on Dec 21, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Ohr Myocarditis

Due to Cirrhosis of liver

Due to 93d

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration
?

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 ____

23. Signature [signature] D (M. D. or other)
Address 5014 Chetela Ave Date signed 12-22-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. A.A. Denk,
5014 TH EKLEA Ave.
Mo 11688
Dr. [illegible] Fo. 6900
4904 St. Louis
2-4

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.

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.