

No. 2  
-5-43  
-17-39  
X36671

**FILED** JAN 31 1946  
Registration District No. 318

Primary Registration District No. 1003

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

**1. PLACE OF DEATH:**

(a) County.....St. Louis

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

(c) Name of hospital or institution:  
5972 DeGiverville 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.....50-00

(c) City or town.....St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No.....5972 DeGiverville  
(If rural, give location)

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

If yes, name country.....

**3. (a) PRINT FULL NAME** Theresa I. Brisolara

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept. 28, 1885  
(Month) (Day) (Year)

**8. AGE:**

|           |          |          |                      |
|-----------|----------|----------|----------------------|
| Years     | Months   | Days     | If less than one day |
| <u>60</u> | <u>3</u> | <u>8</u> | .....hr. ....min.    |

9. Birthplace.....St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation.....At Home

11. Industry or business.....

**MOTHER FATHER** { 12. Name.....Joseph Brisolara

13. Birthplace.....Italy 5  
(City, town, or county) (State or foreign country)

14. Maiden name.....Mary Longanette

15. Birthplace.....Italy 5  
(City, town, or county) (State or foreign country)

16. (a) Informant.....Jennie Brisolara

(b) Address.....5972 DeGiverville

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

(c) Place: burial or cremation.....Calvary Cemetery

18. (a) Signature of funeral director.....Arthur J. Bernally

(b) Address.....3840 Lindbergh Blvd

19. (a) JAN 8 1946 (b) J. J. Bredeek  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 6th  
year 1946 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec 25, 1945 to Jan 6, 1946

that I last saw her alive on Jan 6, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death.....Pulmonary embolism Duration 5 min.

Due to.....Ce.ostomy operation for carcinoma of colon 1 yr?

Due to.....H/O

Other conditions.....H/O  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....Paralytic ileus

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.....Barnett L. Tausig (M. D. or other) MD.  
Address 4500 Olive Date signed Jan 7

Dr. Loring  
4500  
200

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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 W. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.