S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28881

Registrar's No. 2129

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: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 mos (Specify whether years, months or days)

In this community: 37 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 6022 Maple 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: ALBERT BRAZLER

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: male

5. Color or race: white

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: NOVEMBER (Month) 15 (Day) 1898 (Year)

8. AGE: Years 48 | Months 9 | Days 11 | If less than one day hr. min.

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

10. Usual occupation: Tailor

11. Industry or business

FATHER
12. Name: Jacob Brazler
13. Birthplace: (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name: Sophia (unk)
15. Birthplace: (City, town, or county) Russia (State or foreign country)

16. (a) Informant: Morris Platzelman
(b) Address: 6022 Maple

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Chesed Shel Emeth

18. (a) Signature of funeral director: Berger Memorial
(b) Address: 4715 McPherson

19. (a) AUG 27 1947 (Date received by registrar) (b) J. J. Brecek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1947 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from March, 1946 to Aug. 26 1947 that I last saw him alive on Aug. 26 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of colon with generalized	1½ yr.
Due to: metastasis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: Ca. of colon.
Of autopsy: —

PHYSICIAN — Underline the cause of 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: Jos. M. Orenstein (M. D. ~~or other~~)

Address: 440 N. Taylor Date signed 8/26/47

Jefferson City Printing Co.

(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 Lewis S Ludwig

Licensed Embalmer No. 4229

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.