No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35536

Registrar's No. 9404

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2112 Sublette Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2112 Sublette Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 13 0
If yes, name country

3. (a) PRINT FULL NAME ELIZA BRAZELL
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late Thomas
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 2 (Day) 1872 (Year)

8. AGE: Years 74 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business

MOTHER FATHER
12. Name John Morrow
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Sarah Davis
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Miller
(b) Address 715 N. York St. Lawrence, Kan.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) OCT 10 1947 (Date received local registrar) (b) J. F. Breleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9 year 1947 hour 10:15 minute P. M.
21. I hereby certify that I attended the deceased from 9-26-47, 19..., to 10-9, 1947, that I last saw h. alive on 10-9, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	1 yr
Due to: Generalized arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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) 0
While at work? Means of injury
23. Signature Victor E. Schermer (M. D. or other)
Address 3720 Washington Blvd Date signed 10-11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Washington
Rm. 830

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.