

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **29078**

No. 300
REG. #93971

XC 231 **FILED** AUG 23 1951

BIRTH NO. _____ REG. DIST. NO. **3.7** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2892**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		12. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. ST. LOUIS, ILLINOIS 8120	
c. LENGTH OF STAY (In this place) 91 DAYS		d. STREET ADDRESS (If rural, give location) 2541 DOUGLAS 8	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL			

3. NAME OF DECEASED (Type or Print) PAUL (POWALL)	a. (First)	b. (Middle) B.	c. (Last) BRAZINSKY	4. DATE OF DEATH AUGUST 13, 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-25-1892	9. AGE (In years last birthday) 58	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 YEAR Days	12. IF UNDER 24 HRS. Hours	13. IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAR KNOCKER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) LITHUANIA 8	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME SAM BRAZENSKA	13b. MOTHER'S MAIDEN NAME MARY (Unknown)	14. NAME OF HUSBAND OR WIFE URSELE BRAZENSKA
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-L	16. SOCIAL SECURITY NO. 327-03-5326	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ABDOMINAL CARCINOMATOSIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 199K		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 8-8-51	19b. MAJOR FINDINGS OF OPERATION ABDOMINAL CARCINOMATOSIS	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA 9 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5-14-51**, 19__, to **8-13-51**, 19__, and that death occurred at **3:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE E.C.O'BRIEN, M.D. (Degree or title)	23b. ADDRESS VET ADM HOSP, JEFF BRKS MO.	23c. DATE SIGNED 8-13-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/16/51	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo
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DATE REC'D BY LOCAL REG. 8-14-51	REGISTRAR'S SIGNATURE Robert P. Donke	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John J. ... E. St. Louis, Ill
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John J. Kessly*

Licensed Embalmer No. *6855 All*

P. O. Address *East St. Louis Ill*

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.