

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22739**  
Registrar's No. **5815**

FILED JUL 2 - 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>St. Louis, Mo.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5117 Wells Avenue</b>		e. STREET ADDRESS (If rural, give location) <b>5117 Wells Ave., 2067</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Helen</b> b. (Middle) <b>A.</b> c. (Last) <b>Brazill</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6/9/53</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Nov. 7, 1874</b>
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>James Brazill</b>	
13b. MOTHER'S MAIDEN NAME <b>Julia Sullivan</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Julia M. Brazill</b>		ADDRESS <b>5117 Wells Av.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Arteriosclerosis</b> ANTECEDENT CAUSES <b>Cardiovascular with Hypertension</b> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>  <b>10 yrs</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION <b>no</b>		19b. MAJOR FINDINGS OF OPERATION	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>443x</b>	
22. I hereby certify that I attended the deceased from <b>June 7, 1953</b> to <b>June 9, 1953</b> that I last saw the deceased alive on <b>June 7, 1953</b> , and that death occurred at <b>5:15 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Dr. M. J. Langley M.D.</b> (Degree or title)		23b. ADDRESS <b>5803 Hyman Ave. St. Louis, Mo.</b>	
23c. DATE SIGNED <b>June 10, 1953</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
24b. DATE <b>6/12/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sullivan's</b> ADDRESS <b>Euclid at St. Louis</b>	
DATE REC'D BY LOCAL REG. <b>JUN 11 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>	

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

5803 P. H. J. M. W. L. N.

12 Feb 1

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 ..... Student Embalmer No. .... working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Robert L Brink

Licensed Embalmer No. 355 P. O. Address St Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.