N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30948
Do not use this space.

1. PLACE OF DEATH - Oct 12 1938

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 8385

(c) City St. Louis (d) Street No. St. Johns Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert Bristow

(a) Residence, No. 6101 Simpson Terrace St. 3
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cordella Bristow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 22nd. 1883.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
55	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mail Clerk

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

FATHER

13. NAME James J. Bristow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME ----- Haines

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Cordella Bristow
(ADDRESS) 6101 Simpson Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Sept. 27- 1938

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle
(ADDRESS) 2531 S. Broadway

20. FILED SEP 26 1938 J. G. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24th. 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/20, 1938, to 9/24, 1938
I last saw him alive on 9/24, 1938. Death is said to have occurred on the date stated above, at 12 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant	1937 (?)
53C	

Other contributory causes of importance:

Name of operation Craniotomy Date of 9-24-38
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Victor L. Gould, M. D.
(Address) 2811 Watson Blvd

(Licensed Embalmer's Statement on Reverse Side)

OCT 4 1938

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, Frank J. Ryland, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Frank J. Ryland

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.