

FILED MAY 15 1943

Registration District No. _____

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Jennings**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2525 McLaren 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Jennings**
(If outside city or town limits, write "RURAL")

(d) Street No. **2525 McLaren Ave**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **James F. Brislane**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**

6. (b) Name of husband or wife **Margaret Mary Brislane** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **July 12th 1872**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 70 | 9 | 22 | _____ hr. _____ min. |

9. Birthplace **Bridgeton Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Railroad Man**

11. Industry or business _____

12. Name **Steve Brislane**

13. Birthplace **Canada**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Robin**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Margaret M Brislane**

(b) Address **2525 McLaren Ave Jennings Mo**

17. (a) **Burial** (b) Date thereof **5/7/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Stroot - Carroll**

(b) Address **4600 Natural Bridge Ave**

19. **MAY 8 1943** (Date received local Registrar) (b) **C. J. McLaren** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **4th**
year **1943** hour **8** minute **05** M.

21. I hereby certify that I attended the deceased from **4-13-43** to **May 4th 1943**
that I last saw him **alive** on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma Stomach 1 year**

Due to _____

Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **no**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **L**

(b) Date of occurrence **L**

(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? **L**

While at work? _____
(Specify type of place) (Means of injury)

23. Signature **Ray Johnson** (M. D. or other)

Address **Jennings Mo** (Date signed **5/5/43**)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Frank H. Short

Licensed Embalmer No. 2265

P. O. Address 4600 9th Bridge av

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.