

FILED DEC 31 1946
Registration District No. **317**

Primary Registration District No. **9063**

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

1. PLACE OF DEATH:
(a) County **St. Louis County**
(b) City or town **Clayton Mo.**
(c) Name of hospital or institution: **St. Louis Co. Hospital**
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution **1 mo. 10 days**
(Specify whether in hospital or institution)
In this community **9 yrs.**
(years, months or days)

3. (a) PRINT FULL NAME **James Brazil**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **495-14-6842**
4. Sex **male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife **Emma Brazil**
6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **12, 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	8	10	hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Maintenance man**

MOTHER FATHER

11. Industry or business
12. Name **Ed Brazil**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Don't know**
15. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emma Brazil**
(b) Address **6221 Ridge**
17. (a) Burial **(b) Date thereof** **12-24-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Pius Cemetery**

18. (a) Signature of funeral director **J. L. Plitech Inc.**
(b) Address **5966 68 Casson Ave.**
19. (a) 12-23-46 **(b) Ruth & Allen MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis Co.**
(c) City or town **Wellston**
(If outside city or town limits, write "RURAL")
(d) Street No. **6221 Ridge**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **21st.**
year **1946** hour **5** minute **55 P.M.**
21. I hereby certify that I attended the deceased from **November 11th**
11th, 19**46** to **Dec. 21**, 19**46**
that I last saw him alive on **Dec. 21**
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebrum **468**
Due to **1**
Due to **(Carcinoma)**
Other conditions **Ca of carcinoma**
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
PHYSICIAN
Underline the cause to 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?
While at work (Specify type of place) (a) Means of injury
23. Signature **(Signature)** (M. D. or other)
Address **(Address)** Date signed **12/22/46**

5 1947

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 Clement McNeary

Licensed Embalmer No. 3733

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 this body is not embalmed, fact should be so stated above.