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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24127
State File No. 6461
Registrar's No.

Registration District No. 318 Primary Registration District No. 1008

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8229a Reilly
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME ALEX BRAZZEL

3. (b) If veteran, name war W.W.#I 3. (c) Social Security No. 331-16-0016

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Brazzel 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased February 16, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 5 hr. min.

9. Birthplace Blackford, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor
11. Industry or business Johnson Industries

MOTHER FATHER { 12. Name George Brazzel
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William Dean
(b) Address 8231 Reilly
17. (a) Removal (b) Date thereof 7/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eldorado, Illinois

18. (a) Signature of funeral director C. Hoffmeister U&L Co.
(b) Address 7814 South Broadway St. Louis, Mo.

19. (a) JUL 21 1948 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 8229a Reilly 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour II minute A.M.

21. I hereby certify that I attended the deceased from April
1948 to July 21 1948
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration
Coronary occlusion
Due to Coronary arteriosclerosis 1 yr
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: 94
Of operations _____
Of autopsy _____

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?

(Specify type of place) While at work? _____ Means of injury _____
23. Signature Charles A. Hester (M. D. or other) A
Address 5600 S. Compton Date signed 7-21-48

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Linus E. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Brown*

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.