

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13828
3153
State File No. Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis
c. LENGTH OF STAY (in this place) 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).
a. STATE Missouri b. COUNTY Leadinton
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural
d. STREET ADDRESS (If rural, give location) Rural route # 2 1

3. NAME OF DECEASED
a. (First) Edward b. (Middle) Lawrence c. (Last) Brazzle
4. DATE OF DEATH (Month) (Day) (Year) April 3 1951

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct 26 - 1879 9. AGE (in years last birthday) 71

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Clerk
10b. KIND OF BUSINESS OR INDUSTRY Terminal Railway Co
11. BIRTHPLACE (State or foreign country) East St. Louis Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Edward Michel Brazzle 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Jennie Brazzle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 87-084-438 17. INFORMANT'S SIGNATURE OR NAME Jennie Brazzle ADDRESS 7610 X

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis
ANTECEDENT CAUSES prostatic hypertrophy
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.

19a. DATE OF OPERATION 3-13-51 19b. MAJOR FINDINGS OF OPERATION benign prostatic hypertrophy 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 610X

22. I hereby certify that I attended the deceased from 3-8, 1951, to 4-3, 1951, that I last saw the deceased alive on 4-3, 1951, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE Glenn B. Aosta (Degree or title) SM D. 23b. ADDRESS Mo. Pac. Hosp. 23c. DATE SIGNED 4/4/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4/7/51 24c. NAME OF CEMETERY OR CREMATORY Memorial Park 24d. LOCATION (City, town, or county) (State) Bonhvie Mo

DATE REC'D BY LOCAL REG. APR 4 1951 REGISTRAR'S SIGNATURE J. B. Lasater 25. FUNERAL DIRECTOR'S SIGNATURE Sparks & Sons ADDRESS 1st River, mo

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

..... Student Embalmer No.
Signed *Ernest Sauer*

Licensed Embalmer No. *287*

P. O. Address *Fair River*

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.