

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 31 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2228**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 35yrs		e. STREET ADDRESS (If rural, give location) 5730 Vernon	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 5730 Vernon			

3. NAME OF DECEASED (Type or Print) Irene Miller Brashear			4. DATE OF DEATH March 9, 1955		
a. (First)	b. (Middle)		c. (Last)	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept. 4, 1866
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	9. AGE (In years last birthday) 88yrs	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Hazelhurst, Mississippi	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME George Joseph Miller		13b. MOTHER'S MAIDEN NAME Marya Sofia Bullock		14. NAME OF HUSBAND OR WIFE Albert Rust Brashear	
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. None		17. INFORMANT'S SIGNATURE OR NAME Mr. Harry G. Knapp 377 N. Taylor	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 7 days	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Arteriosclerosis - general -		11yrs +	
		DUE TO (c) Paroxysmal fibrillation		11yrs +	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonitis - Left lower.		4 days	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500	

22. I hereby certify that I attended the deceased from **1-5-44**, 19___, to **3-9-55**, 19___, that I last saw the deceased alive on **3-9-55**, 19___, and that death occurred at **11:55** am., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS 864 Hamilton Blvd St. Louis 12 Mo		23c. DATE SIGNED 3-10-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE March 10, 1955		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo			

DATE REC'D BY LOCAL REG. MAR 12 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
				ADDRESS 6175 Nelmer	

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

Dr. J. F. Clark
864 Hamilton
Pa. 12354

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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *jos. e. m. cullor*

Licensed Embalmer No. 2460

P. O. Address 6175-D

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.