MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38682

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11385

City St Louis (No. Mullanphy Hospital St. ..... Ward)

2. FULL NAME Catherine Britt

(a) Residence. No. 1809a Cass St., 25 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George Britt

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown abt. 1874

7. AGE: Years abt. 53 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home 93C
(b) General nature of industry, business, or establishment in which employed (or employer): 93
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

PARENTS

10. NAME OF FATHER: John Dunn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ills
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill

14. INFORMANT: Agnes Britt
(Address) 1809a Cass a

15. FILED DEC 20 1927, 19..... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1927, to Dec 19, 1927, that I last saw her alive on Dec 19, 1927, and that death occurred, on the date stated above, at 10 15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic myocarditis with an acute exacerbation follow an acute La Grippe attack (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Gangrene of left leg. non Diabetic (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2

DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 17th

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A F Hecker, M.D

Dec 20, 1927 (Address) 2206 Howard St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary
DATE OF BURIAL: 12-23 1927

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.