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

File No. 2882

1. PLACE OF DEATH
County St. Louis Registration District No. 1160
Township ~~[illegible]~~ Primary Registration District No. 4470 Registered No. 9
City University City No. 7103 Cornell Ave St. Ward)

2. FULL NAME Celeste Briggs.
(a) Residence. No. 7103 Cornell Ave St. 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): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Byron H. Briggs.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Augr. 1878.

7. AGE: Years 52. Months 5. Days 12. If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 135
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mt. Vernon
(STATE OR COUNTRY) Ind.

PARENTS
10. NAME OF FATHER Edgar S. Everton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mt. Vernon
(STATE OR COUNTRY) Ind.
12. MAIDEN NAME OF MOTHER Blanche Larkin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana.

14. INFORMANT Byron H. Briggs
(Address) # 7301 Cornell Univ City

15. FILED 1-15 1931 Lena V. Moeller D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July - 14 - 1931.

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
996
99
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Arteria Sclerosis
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? University City Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) John O'Donnell, M. D
1/15, 19 (Address) Cor. of St Louis City

*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: Valhalla Crematory 1/16 1931 | DATE OF BURIAL
20. UNDERTAKER: C. R. Lupton. | ADDRESS: 4449 Delmar Blvd.

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.

WHEN FILLING, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

2561 Woodson Rd
Dr. O'Connell

2 - 4 Cm