

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

Do not use this space.

OCT 26 1937

35389

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Township Jefferson Primary Registration District No. 6248-H.
 City Richmond Heights (No. St. Mary's Hospital) St. _____ Ward _____

File No. _____
 Registered No. 198
 St. _____ Ward _____

2. FULL NAME Robert E. Britt

(a) Residence, No. 6050 McPherson Avenue 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9th, 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER FATHER 13. NAME Dr. Robt. E. Britt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha, Nebraska

15. MAIDEN NAME Dorothy Dierker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence, Nebraska

17. INFORMANT Dr. Robert E. Britt
 (ADDRESS) 6050 McPherson

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Sept. 12 19 37

19. UNDERTAKER Thos. J. Finan
 (ADDRESS) 1519 S. Grand

20. FILED Sept. 13 19 37 Sam A. Bassett, M.D.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12 19 37

22. I HEREBY CERTIFY, That I attended deceased from 9-10 1937, to 9-12 1937.
 I last saw him alive on 9-12 1937 Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:

Congenital Atresia of Esophagus
Congenital Tracheal Prolapse
 Date of onset _____

Other contributory causes of importance: 15701

Name of operation Resection Date of 9-11-37
 What test confirmed diagnosis? By x-ray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) P. M. Quinn, M. D.
 (Address) 1522 Myrtle St. St. Louis, Mo.

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.

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