

REC'D MAR 14 1938

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

5320  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **ST. LOUIS** (d) Street No. **DE PAUL HOSPITAL** Registered No. **1965**  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**BABY BRIGGS 620**  
(a) Residence, No. **Jamesstown Road, ST. LOUIS, MO.** (Usual place of abode, if no street address, write county or city) **NR** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **W**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **W**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **FEB 15 - 1938**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. **8**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **CHILD**  
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) **Jamesstown Road, St. Louis County, Mo.**

FATHER 13. NAME **Jack Briggs**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Joplin, Mo.**

MOTHER 15. MAIDEN NAME **Alvie Blakeburn**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

17. INFORMANT **Jack Briggs** (ADDRESS) **Jamesstown Road, St. Louis Co.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. John's Cem.** DATE **Feb 24 1938**

19. FUNERAL DIRECTOR **L. B. Tanner** (ADDRESS) **6107 Natural Bridge Rd.**

20. FILED **J. D. Bredebeck** (Local Registrar)

FEB 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-23-1938**

22. I HEREBY CERTIFY, That I attended deceased from **2-15-**, 1938, to **2-23-**, 1938  
I last saw him alive on **2-23-**, 1938. Death is said to have occurred on the date stated above, at **5 A. M.**  
The principal cause of death and related causes of importance were as follows:

**Premature birth 6 month gestation** Date of onset **2-5-38**

Other contributory causes of importance

Name of operation **none** Date of.....  
What test confirmed diagnosis? **Clinical** Was there an autopsy? **no**

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? **no**  
If so, specify.....  
(Signed) **Roy Johnson**, M. D.  
(Address) **Ferguson, 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.

STATEMENT BY LICENSED EMBALMER

I, L B Tanner, Licensed Embalmer No. 2922

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Not Embalmed

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed L. B. Tanner

Licensed Embalmer No. 2922

**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.)**