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.

REC'D APR 1 1938

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

8762
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No.
(b) Township 7th Ward Sheridan Primary Registration District No. Registered No. 2351
(c) City (d) Street No. 3061 Sheridan St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 BIRDIE ALLEN 450
(a) Residence, No. 3061 Sheridan Ave. St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15 1892
7. AGE YEARS 45 MONTHS 11 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 2/28/38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME Henry Briggs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

MOTHER
15. MAIDEN NAME Elizabeth Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery City Mo.

17. INFORMANT (ADDRESS) Arthur Allen 3061 Sheridan
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem DATE 3-12 1938
19. FUNERAL DIRECTOR (ADDRESS) Ellen Irving 3054 Thomas Street
20. FILED MAR 9 1938 J. A. Biedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7th March 1938
22. I HEREBY CERTIFY, That I attended deceased from 25 March, 1938, to 7th March, 1938
I last saw her alive on 7th March, 1938. Death is said to have occurred on the date stated above, at 3:35 AM
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia — Date of onset 15 March 1938

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Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Physical Exam Was there an autopsy?
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) W. Beaty, M. D.
(Address) 2740 Franklin

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)