

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

OCT 14 1939

791

1003

Primary Registration District No. \_\_\_\_\_

Registrar's No. 7815

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4346 Cottage Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -----  
Life (Specify whether  
in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4346 Cottage Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ----- years.

3. (a) PRINT FULL NAME Eliza Britton 635

3. (b) If veteran, name war -----

3. (c) Social Security No. -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7th P.M.  
year 1939 hour 2nd minute 20th M.

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Thomas Britton

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased February 10th 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 20th, 1938, to Sept. 7th, 1939, that I last saw h. or alive on Sept. 7th, 1939, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>6</u>	<u>27</u>	_____ hr. _____ min.

Immediate cause of death Hypertensive Heart Disease - Unk.

Duration \_\_\_\_\_

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to Chronic Nephritis Unk

10. Usual occupation Housewife

Other conditions Unk  
(Include pregnancy within 3 months of death)

11. Industry or business John Wesley Singleton

Major findings:  
Of operations \_\_\_\_\_

MOTHER FATHER { 12. Name John Wesley Singleton

13. Birthplace Richmond Virginia  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

14. Maiden name Sarah Lewis

15. Birthplace St. Louis Co. Missouri  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

18. (a) Informant's own signature Bertha Cook

(b) Address 4346 Cottage Ave.

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) Burial (b) Date thereof 9/12/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Chas. Bates

(b) Address 4107 Finney Ave

19. (a) SEP 17 1939 (b) J. F. Bredeck  
(Date of local registration) (Registrar's signature)

23. Signature J. E. Moore (M. D. or other) \_\_\_\_\_

Address 809a N. Jefferson Date signed \_\_\_\_\_

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*James A. Johnson*

Licensed Embalmer No..... 3522

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**