

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9345**
Registrar's No. **2826**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **XXX**
1443 N. 10th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XXX**
50, yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME **George Britt.**

3. (b) If veteran, name war **XXXX** 3. (c) Social Security No. **XXX**

4. Sex **male** 5. Color or race **col** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **Nancy Britt,** 6. (c) Age of husband or wife if alive **deceased**

7. Birth date of deceased **Dont Know** **1875.**
(Month) (Day) (Year)

8. AGE: Years **65** Months **XXX** Days **XXX** If less than one day **XX hr. XX min.**

9. Birthplace **Dresden, Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Odd Job Laborer.**

11. Industry or business **Menial service.**

12. Name **Dont Know,**

13. Birthplace **Dont Know**
(City, town, or county) (State or foreign country)

14. Maiden name **Dont Know**

15. Birthplace **Dont Know.**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. J. Kwik**

(b) Address **203 S. 22nd, St.**

17. (a) **Burial,** (b) Date thereof **3-27-1940.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery.**

18. (a) Signature of funeral director **Lee J. Sneed**

(b) Address **2812, Thomas, St, St. Louis, Mo.**

19. (a) **MAR 26 1940** (b) **J. F. Cude**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County _____
St Louis, 25
(c) City or town _____
(If outside city or town limits, write "RURAL")
1443 N. 10th St.
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U.S.A. **65 yrs.** U.S.A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **25th,**
year **1940.** hour **6:00.** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Due to **Senescence**

Due to **Heart**

Other conditions _____

(Include pregnancy within 3 months of death) **930**

Major findings: Of operations _____

Of autopsy _____

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

(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? _____

While at work _____ (Specify type of place) (Specify cause of injury)

23. Signature **W. J. Berry** (M. D. or other)

Address **Deputy Coroner** Date signed **3.26.40**

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

MOTHER FATHER

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.....

[Handwritten Signature]....., Registered Apprentice No.
working under my personal supervision.

Signed *[Handwritten Signature]*.....

Licensed Embalmer No. *2266*.....

P. O. Address *2812 Tenth*.....

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.