

NOV 25 1940  
Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1920

1. PLACE OF DEATH:  
(a) County Saint Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Adm: 9-17-40  
(Specify whether  
In this community -  
years, months or days)

8. (a) PRINT FULL NAME Joseph BRITTON  
3. (b) If veteran, name war World 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased February 7, 1890  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>50</u>	<u>8</u>	<u>1</u>	<u>br.</u> <u>min.</u>

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

10. Usual occupation Bar tender

11. Industry or business -

MOTHER FATHER { 12. Name Joseph Britton

18. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Rachael Mercer

15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. Chandler Clerk

(b) Address VAF., Jefferson Barracks, Mo.

17. (a) BURIAL (b) Date thereof Oct. 11-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director F. B. Tanner

(b) Address 6107 Nat. Bridge Rd.

19. (a) OCT 10 1940 (b) R. W. Hughes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County ST. LOUIS  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6914 W. Florissant Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8  
year 1940 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from September 17, 1940 to October 8, 1940;  
that I last saw him alive on October 8, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver with portal obstruction and ascites. Duration Undetermined.

Due to -

Due to 12/24/40

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Paracentesis, abdominalis on 9-30-40, and 9-17-40.  
Of autopsy -

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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) (e) Manner of injury -

23. Signature C. W. HUGHES, Chief Med. (M. D. or other) 10-9-40  
Address VAF Jefferson Bks., Mo. Date signed 10-9-40

WHILE FATHER USE UNWRAPPING BLACK INK—MAKE A PERMANENT RECORD

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Guy W. Wilkinson*

Licensed Embalmer No.: *3578*

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.**