7135 Northwood

No. 2
11-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12087

State File No.

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 695

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Old Peoples Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 6600 Washington Bl. 5 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William John Britt

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Jane Britt

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

7. Birth date of deceased Feby (Month) 11 (Day) 1850 (Year)

8. AGE: Years 91 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Hastings (City, town, or county) England (State or foreign country)

10. Usual occupation Displayer

11. Industry or business Simmons Hdw Co.

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. F. G. Yeager

(b) Address 5229 Ashland Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 31, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Bethania Cemetery

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4457 Washington Bl.

19. (a) MAR 29 1941 (Date received local registrar) (b) A. Meyer M. D. Dep. A (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th year 1941 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from 3-22-41, 19__, to 3-29, 1941; that I last saw him alive on 3-22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Ac Pyelitis

Due to Prostatic obstruction

Due to

Other conditions Generalized Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 13 Ca

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Carl J. Reis (M. D. or other)

Address 3604 Washington Date signed 3-29-41

(Licensed Embalmer's Statement on Reverse Side)

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 John Keller

Licensed Embalmer No. 3880

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.