

Registration District No. **791**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **ST. LOUIS MO**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **JOSEPHINE HEITKAMP HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **Joseph A. Briggs.**  
3. (b) If veteran, name war **NO.**  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **MABEL T. BRIGGS.** 6. (c) Age of husband or wife if alive **61** years  
7. Birth date of deceased **JULY 1 1876**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **11** Days **22** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **PITTSBURG PENN.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **R.R. CONDUCTOR**

11. Industry or business **PULLMAN**

12. Name **ANTHONY BRIGGS.**

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

14. Maiden name **AMELIA HAUSER.**

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

16. (a) Informant **Mrs Mabel Briggs**

(b) Address **6133 Magnolia Ave**

17. (a) **BURIAL** (b) Date thereof **JUNE 26 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **E. J. Schurer**

(b) Address **3125 Lafayette Dr**

19. (a) **JUN 24 1941** (b) **J. P. Zedek**  
(Date received local health officer's signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CC**  
(c) City or town **ST. LOUIS** **317**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6133 MAGNOLIA AVE**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23-41**  
year **1941** hour **9:40** minute **0** M.

21. I hereby certify that I attended the deceased from **June 22-41**  
\_\_\_\_\_ 19. to **June 23 19. 41**  
that I last saw him alive on **June 23 19. 41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute left lobar pneumonia** **48**  
Due to **Type III** hrs.

Due to \_\_\_\_\_  
Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations **108**  
Of autopsy **yes**

Duration  
48 hrs.  
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) Means of injury \_\_\_\_\_

23. Signature **John M. ...** (M. D. or other)  
Address **6200 ...** Date signed **6/24/41**

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

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Joseph B. Vollmer*

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

**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, fact should be so stated above.**