

FILED FEB 24 1942

1003

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1-week  
(Specify whether  
In this community 53 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4734 S. Broadway  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Dr. Gray C. Briggs

20. DATE OF DEATH: Month Jan. day 23rd  
year 1942 hour 11 minute 0 M.

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

21. I hereby certify that I attended the deceased from Friday Jan 20/42 1942 to Friday Jan 23 1942 that I last saw him alive on Friday Jan 23/42 and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Edith 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased June 30th., 1882  
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia

8. AGE: Years Months Days If less than one day  
59 6 23 hr. min.

Due to.....  
Due to.....

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

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

10. Usual occupation Physician

Major findings: Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business.....  
12. Name Frank Chandler

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

14. Maiden name Nellie Gray

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

16. (a) Informant Mrs. Edith Briggs

(b) Address 4734 S. Broadway

17. (a) CREMATION (b) Date thereof 1-26-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Arthur J. Sonnelly

(b) Address 3840 Lindel Blvd.

19. (a) JAN 26 1942 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

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 Scott Parsons (M. D. or other)  
Address 608- Wall St. Date signed 1/24/42

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

000 17

Dr. Scott E. Parsons II:30 am.  
Wall Bldg. 3903 Olive St.

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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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Lindell

**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.**