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 V. S. No. 2
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 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 30 1942

Primary Registration District No. 1003

Registrar's No. 9644

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Mo. 2 Days
(Specify whether)
 In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
 (d) Street No. 824 Evans Ave.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Arthur Britton
 (b) If veteran, name war No
 (c) Social Security No. unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 18,
 year 1942 hour 6:35 minute A. M.
 21. I hereby certify that I attended the deceased from October
16, 19 42 to November 18, 19 42
 that I last saw him alive on November 18, 19 42
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Annie Britton
 (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Dec. 16, 1878
(Month) (Day) (Year)

Immediate cause of death Cancer
 Due to Hypertensive Heart Disease
Arteriosclerosis
 Other conditions Confused State
(Include pregnancy within 3 months of death)
(Senile Dementia)

8. AGE: Years Months Days If less than one day
63 11 2 hr. min.

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

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

10. Usual occupation Retired Railroad Man

11. Industry or business Terminal R.R.

12. Name Thomas C. Britton

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

14. Maiden name Lura Mays

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

16. (a) Informant Mrs. Pauline Callahan

(b) Address 10672 Ridge Ave., Overland

17. (a) Burial (b) Date thereof Nov. 20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) Nov 19 1942 (b) J. B. 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?.....
(Specify means of injury)

23. Signature Geo. Mad (M. D. or other)
 Address 1515 Lafayette Avenue, Date 11/18/42

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

Signed.....

Walter G. Burnley
.....
Licensed Embalmer No. *4202*
.....

P. O. Address *St. Louis, Mo.*

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.