

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

FILED JUL 8 1944
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 5959

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:
1883a So. 14th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
(Specify whether

In this community 2 Years., 3 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1883a So. 14th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH W. BRILEY

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Pauline

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 14th 1883.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>11</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace S. t. Franis Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name James T. Briley

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

14. Maiden name Mary Jane Green

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

16. (a) Informant Clyde Briley

(b) Address 1432 Dolman St.

17. (a) Motor (b) Date thereof 7-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Irondsle, Mo.

18. (a) Signature of funeral director A. E. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) JUL 3 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
year 1944 hour 3 minute 10 AM.

21. I hereby certify that I attended the deceased from June 30 1944 to July 1 1944
that I last saw him alive on July 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic Endocarditis
Chronic Myocarditis

Due to _____

Other conditions 92
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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) Means of injury _____

23. Signature Henry S. Pieper (M. D. or other) _____
Address 4476 S. Grand St. St. Louis Date signed 7/3/44

844

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.....

.....
working under my personal supervision.

..... Registered Apprentices No.

Signed..... *L.R. Cooper*

..... Licensed Embalmer No. *3633*

..... P. O. Address *2317 Lafayette*

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.