S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39194

Registrar's No. 10968

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: CITY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 HRS (Specify whether years, months or days)

In this community 15 YRS

2. USUAL RESIDENCE OF DEACESED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2614 EADS AVE
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME JULIA BRITT

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of ~~husband~~ or wife ROOLIE

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

7. Birth date of deceased JULY (Month) 21 (Day) 1865 (Year)

8. AGE: Years 79 | Months 5 | Days 0 | If less than one day ____ hr. ____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOHN FISSEL
13. Birthplace (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name KATHERN GALBRATH
15. Birthplace (City, town, or county) MO (State or foreign country)

16. (a) Informant JOHN BRITT
(b) Address 2614 EADS AVE.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 12-22-1944 (Month) (Day) (Year)
(c) Place: burial or cremation ELLINGTON MO.

18. (a) Signature of funeral director LEUCKEL FUNERAL HOME
(b) Address ELLINGTON MO.

19. (a) DEC 22 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 21 year 1944 hour 12:05 minute AM.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw h. alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	
Due to	
83	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Date signed 12/22/44

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1945

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 Ketter

Licensed Embalmer No. 3880

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.