No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11747

FILED MAR 28 1947

Registration District No. 3063

Primary Registration District No. 3063

Registrar's No. 633

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

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Saint Louis County 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saint Louis 96

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 6211 Ella Ave
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Patrick Briscoe

3. (b) If veteran, name war No

3. (c) Social Security No. 490-01-0844

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hazel Broscoe

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

7. Birth date of deceased June (Month) 4 (Day) 1901 (Year)

8. AGE: Years 45 Months 9 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Labor

11. Industry or business .....

FATHER
12. Name Sam Briscoe
13. Birthplace ..... (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Martha Barnes
15. Birthplace ..... (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Bessie Vaughan
(b) Address 6211 Ella Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 19 (Day) 47 (Year)
(c) Place: burial or cremation Memorial Park Ceme

18. (a) Signature of funeral director Jos W Clark
(b) Address 1125 Hodiamont Ave

19. (a) 3-20-47 (Date received local registrar) (b) Ruth J Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1947 hour 6 minute A.M.

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

Immediate cause of death strangulation by ligature

Due to 164 a

Due to .....

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

Major findings:
Of operations .....

XXXXXX

Duration

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) Suicide

(b) Date of occurrence March 17, 1947

(c) Where did injury occur? Wellston, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? ..... (e) Means of injury Suffocation

23. Signature Arnold J Willmann Coroner XXXXXXXXX

Address Clayton, Mo. Date signed 3/18/47

(Licensed Embalmer's Statement on Reverse Side)

County Coroner

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont 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.