

FILED APR 21 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3872**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

In this community about 50 years

3. (a) PRINT FULL NAME Mary Eva Briggs

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female / race White

5. Color or race _____

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

6. (b) Name of husband or wife Edward Emmet Briggs

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 17 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>11</u>	<u>26</u>	hr. _____ (min. _____)

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John C. Kuder

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

14. Maiden name Mary Skurlask

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

16. (a) Informant Husband Emmett Briggs

(b) Address Berkley, Missouri

17. (a) removal (b) Date thereof 4-18-47
(Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Missouri

18. (a) Signature of funeral director Parker Funeral Home

(b) Address 1502 Joplin St. Jopling MO

19. (a) APR 13 1947 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **96**

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

(d) Street No. 116 Madison Street
(If rural, give location) **N R 1**

(e) Citizen of foreign country? No (Yes or No) **1**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th
year 1947 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from 15 March, 1947, to 12 April, 1947;
that I last saw her alive on 12 April, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction (anterior) **Duration 3 weeks**

Due to Coronary arteriosclerosis **2 years**

Due to _____

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature R. F. [Signature] (M. D. # #####)

Address 3720 Washington Ave Date signed 13 Apr

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

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.....

A. M. White

Licensed Embalmer No.....

2973

P. O. Address.....

Jersey

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.