

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

No. 300
-10-47
-17-39
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FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **20693**
Registrar's No. **5729**

Registration District No. **318**

Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis, EnRoute City, Mo
(b) City or town St. Louis, EnRoute City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: # 808 Olive St. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) County Missouri (b) County St. Louis **96**
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 7321 Zephyr Place.,
(If rural, give location) **3**
(e) Citizen of foreign country? No (Yes or No) **1**
If yes, name country _____

3: (a) PRINT FULL NAME BYRON H. BRIGGS.
3. (b) If veteran, name war no 3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Celeste Briggs. 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased July 10 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 11 14 hr. min.

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

10. Usual occupation Sign business.
B.H. Briggs Sign Co.

11. Industry or business Henry Briggs.
12. Name unknown
13. Birthplace unknown (State or foreign country) **9**
14. Maiden name unknown
15. Birthplace unknown (State or foreign country) **9**

16. (a) Informant Alta B. Wagner.
(b) Address 7321 Zephyr Place.

17. (a) Cremation Cremation (b) Date thereof 6-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) SUN 25 1948 (b) J. Beulech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 24 year 1948 hour 12:25 minute P. 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 Coronary Occlusion Duration
Coronary Sclerosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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 Patricia E. Taylor (M. D. or other) **3**
Address _____ Date signed 6-25-48

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 Clarence H. Murray
Licensed Embalmer No. 401107
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.