S. No. 300
v. 10.48

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

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14380

State File No. 14380

BIRTH NO. #65419 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3915

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (In this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 23 2239
d. STREET ADDRESS (If rural, give location) 1883 So. 14th Street

3. NAME OF DECEASED (Type or Print)
a. (First) JUNE b. (Middle) LEE c. (Last) BRILEY

4. DATE OF DEATH (Month) (Day) (Year) April 29th, 1950

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH Jan. 3, 1917

9. AGE (In years last birthday) 33 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Sligo, Missouri 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Doc Sweeney

13b. MOTHER'S MAIDEN NAME Amanda Richardson

14. NAME OF HUSBAND OR WIFE Harold Briley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Harold Briley **ADDRESS** 1883 So. 14th Str.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Catarrhal Jaundice — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Syphilitic Aortitis

DUE TO (c) Aortic Regurgitation

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Enlargement of heart.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 0 0 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/17/50, 19___ *to* 4/29/50, 19___, *that I last saw the deceased alive on* 4/29/50, 19___, *and that death occurred at* 1:40am *m., from the causes and on the date stated above.*

23a. SIGNATURE John W. Murphy (Degree or title) M.D.

23b. ADDRESS 1515 Lafayette Ave.,

23c. DATE SIGNED 4/29/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-2-50

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Irondale, Missouri

DATE REC'D BY LOCAL REG. APR 30 1950

REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS McLAUGHLIN FUNERAL HOME, INC. 2301 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed L. R. Caspe

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.