

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33689**

FILED SEP 23 1952
BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **546** Registrar's No. **2402**

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland | |
| c. LENGTH OF STAY (in this place) 47-yrs | | d. STREET ADDRESS (If rural, give location) 2603-Hood Avenue | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2603-Hood Avenue | | d. STREET ADDRESS (If rural, give location) 2603-Hood Avenue | |

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| 3. NAME OF DECEASED (Type or Print) Lillian Eva Briley | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1952 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 19, 1873 | | 9. AGE (In years last birthday) 79 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Fort Scott, Kans. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Peter Munson | 13b. MOTHER'S MAIDEN NAME Lisette Herman | 14. NAME OF HUSBAND OR WIFE Edgar D. Briley |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME E. D. Briley | ADDRESS 2603-Hood Ave-Overland-14-Mo. |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemiplegia | | INTERVAL BETWEEN ONSET AND DEATH 24 hours |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arthritis Deformans | | 3 1/2 years |
| | DUE TO (c) 334X | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from **Jan 1, 1949** to **Sept 14, 1952**, that I last saw the deceased alive on **Sept 13, 1952**, and that death occurred at **1:00 P. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE C. J. Shepherd (Degree or title) | 23b. ADDRESS 1759 N. Kings Highway | 23c. DATE SIGNED Sept 16-52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9-16-1952 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | 24d. LOCATION (City, town, or county) (State) Wellston, Mo. |
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|-----------------------------------------|-------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|
| DATE REC'D BY LOCAL REG. 9-16-52 | REGISTRAR'S SIGNATURE Nesbet A. Donke MD | 25. FUNERAL DIRECTOR'S SIGNATURE Blumhardt Bros. Inc. | ADDRESS 2504-Woodson Rd-Overland-14-Mo. |
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WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *David C. Gibson*.....

Licensed Embalmer No. *3454*.....

P. O. Address *David C. Gibs*.....

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.