

FILED DEC 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43305

11242

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11242	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 21 1449 Webster 0			
3. NAME OF DECEASED (Type or Print) Lulu		a. (First)		b. (Middle) Briggs		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 4 1952		5. SEX F 3		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	
8. DATE OF BIRTH Jan. - 1878		9. AGE (In years last birthday) 74		10. UNDER 1 YEAR Months		11. UNDER 1 HR. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homekeeper		11. BIRTHPLACE (City and State or Foreign Country) Jackson Tenn. 1		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John Mannus		13b. MOTHER'S MAIDEN NAME Patience Ingram		14. NAME OF HUSBAND OR WIFE Percy Briggs			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Fannie Cole 1449 Webster			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right Hemiplegia and Cerebral Thrombosis				Undet.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease				"	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21f. HOW DID INJURY OCCUR? 44.3X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 11-30 19 52, to 12-4 19 52, that I last saw the deceased alive on 12-4 19 52, and that death occurred at 6:15 a m., from the causes and on the date stated above.			
23. SIGNATURE Charles P. Faride (Degree or title) M. D.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 12-4-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 12/11/52		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) MO (State) 5500 Brown Rd, St Louis Co.	
DATE REC'D BY LOCAL REG. DEC 6 1952		REGISTRAR'S SIGNATURE J. Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS B. W. Bruce 4469 Washington			

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 Frederick P. Stark

Licensed Embalmer No. 4599

446 Washington
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.