5. No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43967

FILED JAN 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3321

002

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (in this place) 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Louis Co Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kinloch
d. STREET ADDRESS (If rural, give location) 537 Mabel 409

3. NAME OF DECEASED (Type or Print)
a. (First) Peter
b. (Middle)
c. (Last) Briggs

4. DATE OF DEATH (Month) (Day) (Year) Dec. 29 1952

5. SEX Male
6. COLOR OR RACE Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 27 Mar 1871
9. AGE (In years last birthday) 81 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Agricultural
11. BIRTHPLACE (City and State or Foreign Country) Conway, Miss
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Isaac Briggs
13b. MOTHER'S MAIDEN NAME Polly Ann Bailey
14. NAME OF HUSBAND OR WIFE Mollie Briggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Georgia Neal, Brinkley, Arkansas — ADDRESS

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) Carcinoma of Colon

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 153X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

INTERVAL BETWEEN ONSET AND DEATH

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)
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* 12-9-, 1952, *to* 12-29, 1952, *that I last saw the deceased alive on* 12-29, 1952 *and that death occurred at* 4:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dr. Melvin C. Kaplan M.D.
23b. ADDRESS 601 S. Brentwood, Clayton, Mo 5
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5
24b. DATE 12/30/52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Brinkley, Ark

DATE REC'D BY LOCAL REG. 12-29-52
REGISTRAR'S SIGNATURE Herbert K. Pouls M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Boyd Bros. — ADDRESS Kinloch, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Edward A. Flynn

Licensed Embalmer No. 4141

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.