

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2618**
0786
Registrar's No.

FILED FEB 2 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|--|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital | | 7. STREET ADDRESS (If rural, give location) 5431 Thrush Avenue., | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|---|------------------|--|---------------------|--|---------------------------------|------------------------------|------------------|---------------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | | a. (First) | | b. (Middle) | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) | |
| Levena | | May | | Briscoe | | Jan 23, | | 1954 | |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | | 9. AGE (In years last birthday) | IF UNDER 1 YEAR | IF UNDER 12 HRS. | | |
| Female | White | Married | March 8 1923 | | 30 | 30 | 0 | 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| Housewife | | At Home | | Lincoln County, Missouri | | U.S.A. | | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME Arthur Creech | | 13b. MOTHER'S MAIDEN NAME Clara Wallace | | 14. NAME OF HUSBAND OR WIFE Raymond Briscoe | |
| 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 ADDRESS | |
| No | | Nil | | Unknown Raymond Briscoe, Elsberry, Missouri | |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis | | INTERVAL BETWEEN ONSET AND DEATH 2 months | |
| ANTECEDENT CAUSES | | DUPLICATE (b) originating in right ovary | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUPLICATE (c) | | | |
| 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"/> | |
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 175X | |

22. I hereby certify that I attended the deceased from **Sept.**, 19 **49**, to **Jan. 23**, 19 **54**, that I last saw the deceased alive on **1-23-54**, 19 **54**, and that death occurred at **11:30a.**, from the causes and on the date stated above.

| | | | | | |
|--|--|--------------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) <i>Albert H. Hoppe</i> | | 23b. ADDRESS 5074 N. Union | | 23c. DATE SIGNED 1-25-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 1-24-54 | | 24c. NAME OF CEMETERY OR CREMATORY Elsberry City | |
| 24d. LOCATION (City, town, or county) (State) Elsberry, Missouri | | | | | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. JAN 25 1954 | | REGISTRAR'S SIGNATURE <i>J. Cash Smith</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington | |
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(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.....
Signature of Student Embalmer

Signed *J. Wm Bunsley*.....

Licensed Embalmer No.....

P. O. Address *H. Lee*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.