

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25692

State File No. ....

FILED JUL 22 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1516

4007

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves</b>		c. CITY OR TOWN <b>Webster Groves</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>5 years</b>		e. STREET ADDRESS (If rural, give location) <b>348 S. Maple Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>348 S. Maple Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LUTHER</b> b. (Middle) <b>MARTIN</b> c. (Last) <b>BRIGGS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 27, 1954</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-19-1879</b>
9. AGE (In years last birthday) <b>74</b>		10. KIND OF BUSINESS OR INDUSTRY <b>E STATE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Litchfield, Ill.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>James Briggs</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Salmons</b>	14. NAME OF HUSBAND OR WIFE <b>Maude Wolaver Briggs</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-18-2137</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs H E Remm, 2031 Big Bend Blvd.</b>
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) <b>Atherosclerotic Heart Disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 yr</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	
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?
22. I hereby certify that I attended the deceased from <b>March 19, 1949</b> , to <b>June 27, 1954</b> , that I last saw the deceased alive on <b>June 27, 1954</b> , and that death occurred at <b>6:45 A. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>James B. Jones</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>337 W. Lockwood, Webster Gr., Mo.</b>	23c. DATE SIGNED <b>6-28-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-27-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Litchfield, Ill.</b>
24d. LOCATION (City, town, or county) (State) <b>Litchfield, Ill.</b>			
DATE REC'D BY LOCAL REG. <b>6-28-54</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donike, Jr.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JAY B. SMITH, Maplewood, Mo.</b>

sw (Licensed Embalmer's Statement on Reverse Side)

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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.....  
*Ronald Zohube*

Licensed Embalmer No. *391*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.