

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

545 State File No. 31810

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. <u>2252</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> (Institution).				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		c. LENGTH OF STAY (in this place) <u>43 yrs.</u>		c. CITY OR TOWN <u>Maplewood</u> ⁴⁵⁴ / ₁₀		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3267 Walter Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>3267 Walter Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>MONRONY</u>		c. (Last) <u>BRISCOE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27, 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-7-1873</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Paper Manufacturer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Versailles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Briscoe</u>			13b. MOTHER'S MAIDEN NAME <u>Jennie Hickerson</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Wilson Briscoe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>67-535-737</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Tedaldi, above</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerotic Heart Disease</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>4 years</u>		
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>not</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> 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 <u>Aug 1946</u> , to <u>27 Sept 1955</u> , that I last saw the deceased alive on <u>27 Sept 1955</u> , and that death occurred at <u>11:00 Pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John Briscoe</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>2648 Oakview Terr. Maplewood, Mo.</u>		23c. DATE SIGNED <u>9-29-55</u>		
24a. DATE <u>9-30-1955</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cemetery</u>		24c. LOCATION (City, town, or county) (State) <u>St. Louis, Co., Mo.</u>				
DATE REC'D BY LOCAL REG. <u>9/29/55</u>		REGISTRAR'S SIGNATURE <u>Hebe...</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH, Maplewood, Mo.</u>			

(Licensed Embalmer's Signature on Reverse Side)

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

300
48

SEP 27 1956

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..... *A. J. Burgess*

Licensed Embalmer No. *402*

P. O. Address *Maplewood*

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.