

Health, Welfare, Public Service
 300
 1-56
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1957

25573
 STATE FILE NUMBER
 6663

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6663

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Hosp. #1</u>			Length of stay in 1b		d. STREET ADDRESS <u>2257 1/2</u> (If outside of Missouri) <u>210 S. 4th (HOTEL)</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ALBERT</u> Middle <u>FREDERICK</u> Last <u>BRITSCH</u>				4. DATE OF DEATH Month <u>7</u> Day <u>15</u> Year <u>57</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>OCT. 29-1880</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM HAND</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>HIGHLAND, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles Britsch</u>				14. MOTHER'S MAIDEN NAME <u>Louise Spengel</u>			
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 <u>Edgar Britsch</u> Decatur, Ill			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sulmonary Embolism.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8124</u> <u>25</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. <u>Following myocardial infarction suffered when struck by car operated by one Douglas Davidson in vicinity of 201 So Broadway about 8:36 am, July 7th 1957.</u>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) <u>hit and injured by car</u>		20c. TIME OF INJURY Hour <u>8:36</u> a. m. Month <u>7</u> Day <u>7</u> Year <u>57</u>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>25 Street</u>		20f. CITY, TOWN OR LOCATION <u>St Louis Mo</u>		20g. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>8:30 A</u> m on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE <u>Patrick C. Taylor Carman</u>				22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>7-17-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7-17-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>		23d. LOCATION (City, town, or county) (State) <u>Lebanon ILLINOIS</u>		
24. FUNERAL DIRECTOR <u>O Meyer</u>		ADDRESS <u>Lebanon, Ill</u>		25. DATE RECD. BY LOCAL REG. <u>JUL 17 '57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u> <u>mrs.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1001

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Frank Cronoff*.....

Licensed Embalmer No. 43

P. O. Address *St. Louis*.....

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.