Health, Welfare & Public Service

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38434
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2315

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis Co. Hosp. — Length of stay in 1b 6 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Kinloch 4891 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1143 Warwick — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Edward Middle Last Britt
4. DATE OF DEATH Month 9 Day 17 Year 57
5. SEX M 2
6. COLOR OR RACE Negro
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐ 0
8. DATE OF BIRTH July 6, 1892
9. AGE (In years last birthday) 65 — 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) Rug Cleaner
10b. KIND OF BUSINESS OR INDUSTRY Cleaning
11. BIRTHPLACE (City and state or country) Louisiana, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Dave Britt
14. MOTHER'S MAIDEN NAME Minnie Hunter
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. Unknown
17. INFORMANT Leland Britt Address 3871 Blackstone

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 Wk.
Conditions, if any, which gave rise to above cause (a); stating the underlying cause last. DUE TO (b) Acute Pyelonephritis, Lt.
DUE TO (c) Lower nephron nephrosis, Rt.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Uremia
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-8-57, to 9-17-57 and last saw her/him alive on 9-17-57
Death occurred at 4:40 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jack L. Hogadorn, M.D. 0
22b. ADDRESS 601 So. Brentwood
22c. DATE SIGNED 9/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept. 21, 1957
23c. NAME OF CEMETERY OR CREMATORY Washington Park
23d. LOCATION (City, town, or county) Berkeley (State) Mo.

24. FUNERAL DIRECTOR Boyd Bros. Funeral Home ADDRESS 438 Lix, Kinloch, Mo.
25. DATE RECD. BY LOCAL REG. 9-19-57
26. REGISTRAR'S SIGNATURE Herbert R. Domke, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward J. Flynn.....

Licensed Embalmer No. 444

P. O. Address La Kinloch,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.