Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041332
STATE FILE NUMBER

FILED NOV 20 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10091

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 5384 Waterman Ave — Length of stay in 1b 1 year	d. STREET ADDRESS (If outside, give location) 7/28 5384 Waterman Avenue — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Catherine; Middle M; Last Britton

4. DATE OF DEATH: Month October; Day 21; Year 1958

5. SEX: female 1

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ 0 DIVORCED ☐

8. DATE OF BIRTH: April 20, 1868

9. AGE (In years last birthday): 90 — 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): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): St. Louis, Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Richard Britton

13b. MOTHER'S MAIDEN NAME: Bridget Wallace

14. NAME OF HUSBAND OR WIFE: Never Married

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.: none

17. INFORMANT: William Fellenz, 5384 Waterman Avenue — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Chr. Myocarditis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Auricular Fibrillation

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4331

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 Jan 1958 to Oct 1958 and last saw her alive on 10/20/58

Death occurred at 1:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Aloysius Allen (Degree or title) MD 0

22b. ADDRESS 3901 W. Florissant

22c. DATE SIGNED 10/22/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE October 24 1958

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) St. Louis, Missouri (State)

24. FUNERAL DIRECTOR Math Hermann & Son, Inc., ADDRESS 2161 E. Fair

25. DATE RECD. BY LOCAL REG. OCT 22 58

26. REGISTRAR'S SIGNATURE J Earl Smith MD M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Clement J. McNeary

Licensed Embalmer No. 3732

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.