

FILED VS FEB 9 1961 318

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1055 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4614 Korte Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LORRAINE Middle C. Last BRITT				4. DATE OF DEATH Month JAN. Day 31 Year 1961			
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/11/1923	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 30 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trimmer			10b. KIND OF BUSINESS OR INDUSTRY Marks & Hass		11. BIRTHPLACE (City and state or country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Britt			13b. MOTHER'S MAIDEN NAME Minnie Augustine		14. NAME OF HUSBAND OR WIFE Never Married		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> (If yes, give war or dates of service))			16. SOCIAL SECURITY NO.	17. INFORMANT Address Mr. & Mrs. Britt 4614 Korte Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) multiple pulmonary emboli						INTERVAL BETWEEN ONSET AND DEATH 0/24/61	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Rheumatic heart disease with mitral stenosis and auricular fibrillation			years	
DUE TO (c)			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410x			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 8/5/58 to 1/31/61 and last saw her alive on 1/31/61 Death occurred at 7:25 <input checked="" type="checkbox"/> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Max S. Franklin M.D.				22b. ADDRESS 607 N. Grand		22c. DATE SIGNED 2/2/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/3/1961	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis		(State) Mo.	
23e. FUNERAL DIRECTOR JOHN STYGAR & SON			ADDRESS 5541 RIVERVIEW BLVD	25. DATE RECD. BY LOCAL REG. FEB 2 1961	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.		

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 *J. M. Rister*
Licensed Embalmer No. 3980

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

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.