MAY 22 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20988

791

1003

5189

1. PLACE OF DEATH

County St. Louis

Township

City St. Louis (No. City Hosp #1 St. Ward)

Registration District No.

Primary Registration District No.

File No.

Registered No.

15-1595

2. FULL NAME Raymond Britt

(a) Residence, No. 2345 a St. Louis Missouri 70 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eleanor Britt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 18-1914

7. AGE: Years 21 | Months 4 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: N.Y.A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

FATHER

13. NAME: Robert Britt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

MOTHER

15. MAIDEN NAME: Rose Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

17. INFORMANT (ADDRESS): Hosp #1 City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem DATE May 15 1936

19. UNDERTAKER (ADDRESS): Diedrich Funeral Home 8319 Hella Ferry Rd.

20. FILED MAY 14 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/12/36 19

22. I HEREBY CERTIFY, That I attended deceased from 4/30 1936 to 5/12/36 1936

I last saw him alive on 8/15/36 1936. Death is said to have occurred on the date stated above, at 9:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mastoiditis, Acute	April '36
Meningitis, Purulent	5-11-36
Non-Epidemic	

Other contributory causes of importance: 89a

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G. N. Battles, M. D.

(Address) City Hosp #1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10M-5-28-35