

REC'D APR 11 1938

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

8539
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **3443 Eads Ave.** St. **17**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Cecile M. Brittain 635

(a) Residence, No. **3443 Eads Ave.** St. **17** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charles A. Brittain**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 30, 1886**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 1 0
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Stenographer**
9. Industry or business in which work was done, as saw mill, bank, etc. **& Secretary**
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) **Illinois**

FATHER 13. NAME **Harry H. Carr**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

MOTHER 15. MAIDEN NAME **Edith Young**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

17. INFORMANT **Mrs. E.F. Schoenberg**
(ADDRESS) **4538 Tower Grove Pl.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **3-2** 19 **38**

19. FUNERAL DIRECTOR **Kriegshausler Mortuaries**
(ADDRESS) **4228 So. Kingshighway**

20. FILED **MAR 1 1938** **J. B. Braduch**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-28** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **6-5** 19**37** to **Feb. 28** 19**38**
I last saw her alive on **2-23** 19**38**. Death is said to have occurred on the date stated above, at **4:30** A.M.

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

Carcinoma of right breast recurrent. Date of onset

Other contributory causes of importance: **50**

Name of operation **radically another surgeon**, Date of **1934**
What test confirmed diagnosis? **Micro** Was there an autopsy? **no**

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? **no**
If so, specify **Charles E. Seyon**, M. D.
(Signed) **Charles E. Seyon**, M. D.
(Address) **3720 Washington**

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Edward M. Bennett

Licensed Embalmer No. 3024

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.)