

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.

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

REC'D APR 11 1938

9369
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis Mo. (d) Street No. City Hospital St.
(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.

Registered No. 2958

2. PRINT FULL NAME

Charles F. Briggs 620

(a) Residence, No. 5907 Washington Ave. St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Lilly Briggs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-17-1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 10
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Elevator starter
9. Industry or business in which work was done, as saw mill, bank, etc. R. Way exchange
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) San Antonio Texas

FATHER 13. NAME Frank Briggs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Amelia Wickert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Lilly Briggs
5907 Washington Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE March 30 1938

19. FUNERAL DIRECTOR (ADDRESS) Alvander Jones
6175 Delmar Blvd

20. FILE NO. MAR 29 1938 J. B. Beckwith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 12:20 A.M.
The principal cause of death and related causes of importance were as follows:

Gun shot wound of left side of chest, self-inflicted, while mentally deranged, at his home 5907 Washington Av., March 27, 1938 about 9:50 P.M.

Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 3/27/1938
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 SEE ABOVE
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify.....
(Signed) Joseph M. Quinn, M.D.
(Address) Seventy Corner

STATEMENT BY LICENSED EMBALMER

I, J. Wm Sinkley Licensed Embalmer No. 3653
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed J. Wm Sinkley
Licensed Embalmer No. 3653

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.)