OCT 25 1938

REC'D NOV 4 1938

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

36904
Do not use this space.

1. PLACE OF DEATH
(a) County ST. LOUIS 2 Registration District No. 284
(b) Township ST. FERDINAND 1 Primary Registration District No. 200 Registered No. 1738
(c) City (d) Street No. RIVERVIEW BLVD. R.F.D. BADEN STA. 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. 2 mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EDNA E. BRIGGS
(a) Residence, No. RIVERVIEW BLVD. R.F.D. BADEN STA
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHILD
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 16-1938
7. AGE YEARS — MONTHS 2 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
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 COUNTY MO

FATHER
13. NAME HAROLD BRIGGS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BAXTER SPRINGS KANS

MOTHER
15. MAIDEN NAME KATHERINE THORP
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARSHALL ILL

17. INFORMANT (ADDRESS) Mr. Harold Briggs Riverview Blvd. R.F.D. Baden Sta
18. BURIAL, CREMATION, OR REMOVAL PLACE ST. JOHNS CEM. DATE Oct 26 1938
19. FUNERAL DIRECTOR (ADDRESS) L. B. Tanner 6107 Natural Bridge Road
20. FILED OCT 25 1938 19 [illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-16-38, 19..., to 9-28-38, 19...
I last saw her alive on 9-28, 1938. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Premature mal development.	

Other contributory causes of importance: Premature Malnourished

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) W. P. Hamilton M. D.
(Address) 8363 Halls Ferry Rd

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....Not Embalmed

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)