

FILED NOV 23 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9379**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 weeks**
(Specify whether years, months or days)

In this community **35 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
17

(c) City or town **St. Louis** **9 25**
(If outside city or town limits, write "RURAL")

(d) Street No. **1209 N. Seventh St.**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **William R. Briggs**

3. (b) If veteran, name war **None** 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

(b) Name of husband or wife **Olive Jane Briggs nee Taylor** 6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **March 22, 1901**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 7 17 hr. min.

9. Birthplace **Unknown** **England**
(City, town, or county) (State or foreign country)

10. Usual occupation **Miner**

11. Industry or business.....

MOTHER FATHER

12. Name **William Briggs**

13. Birthplace **Unknown** **England**
(City, town, or county) (State or foreign country)

14. Maiden name **Ann Etherington**

15. Birthplace **Unknown** **England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Olive J. Briggs**

(b) Address **1209 N. Seventh St.**

17. (a) **Burial** (b) Date thereof **11/11/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **NOV 10 1942** (b) **J. J. Bredak**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** Day **8th**
year **1942** hour **4:25 AM** minute M.

21. I hereby certify that I attended the deceased from **8-24-42**
19..... to **11-8-42**, 19.....
that I last saw him **11-8-42** alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized peritonitis** Duration **2 days**

Due to **leaking duodenal ulcer** **18 months**
hemorrhage

Due to **Parkinson's Disease**
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Large - Perforating duodenal ulcer - hemorrhage**
Of autopsy **Same**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **NO**

(b) Date of occurrence **NO**

(c) Where did injury occur? **NO**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
NO

While at work? **NO** (Specify type of place) (e) Means of injury.....

23. Signature **Louis T. Moore** (M. D. or other).....

Address **Desloge Hosp.** Date signed **11-9-42**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed William G. Buchholz
Licensed Embalmer No. 2110
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 this body is not embalmed, fact should be so stated above.