

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 6 days
Specify whether 6 days

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair ⁹⁹⁹

(c) City or town Dupo
(If outside city or town limits, write "RURAL") ^{NR}

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) ²
If yes, name country _____

3. (a) PRINT FULL NAME Arthur Leroy Briggs

3. (b) If veteran, name war no

3. (c) Social Security No. 702 -- 18 - 3735

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Pearl

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Feb. 7 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1943 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from February 1943 to May 1943 that I last saw him alive on May 24 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 3 Days 19 If less than one day hr. _____ min. _____

Immediate cause of death Sept hemiplegia

Due to Hypertensive heart disease

Other conditions (Include pregnancy within 3 months of death) 93

9. Birthplace Brown County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Rail road Conductor

11. Industry or business Missouri Pacific Railroad

12. Name Oliver Briggs

13. Birthplace Brown County Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Rosella Bowen

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Briggs

(b) Address Dupo Ill

17. (a) removal to Dupo, Ill. (b) Date of removal (Burial, cremation, or removal) May 26, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Dupo Ill

18. (a) Signature of funeral director David A. Danner

(b) Address Dupo, Illinois

19. (a) MAY 26 1943 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Lee Boyd (M. D. _____)

Address Mo Pac Hosp 317 Date signed 5-26-43

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Body not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Harold A. Perkins

Licensed Embalmer No.....

P. O. Address..... **Dupo, Illinois**

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.