

FILED FEB 27 1944

1003

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 28 years
years, months or days)

3. (a) PRINT FULL NAME

John Briggs

3. (b) If veteran, name war ---

3. (c) Social Security

No. 489-01-6790

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Maggie Briggs 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased April 29, 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 1/10 If less than one day -- hr. -- min.

9. Birthplace Unavailable Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business ---

MOTHER FATHER
12. Name Wiley Briggs
13. Birthplace Unavailable Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Patsy King
15. Birthplace Unavailable Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Maggie Briggs
(b) Address 4219 West Ashland Avenue

17. (a) Burial (b) Date thereof 1/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) JAN 14 1944 (b) J. E. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis, 910
(If outside city or town limits, write "RURAL")
(d) Street No. 4219 W. Ashland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10,
year 1944 hour 4 minute 05 P. M.

21. I hereby certify that I attended the deceased from January
6, 1944 to January 10, 1944;
that I last saw him alive on January 10, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration 1 week

Due to 108
Due to 108

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ---
Of autopsy ---
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) ---
(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 J. E. Smith (M.D.)
Address 2601 Webster Date signed 1/14/44

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

STATEMENT BY LICENSED EMBALMER

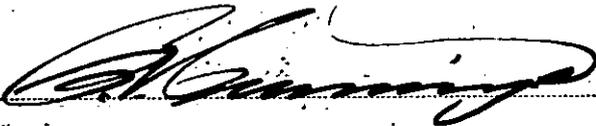
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Robert Lee Cummings

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

working under my personal supervision.

Signed:.....



.....
Licensed Embalmer No **4363**

.....
P. O. Address... **4107 Finney Avenue**

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.