

FILED MAR 1 1944

318

Primary Registration District No.

1003

Registrar's No.

1697

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:
Mo. Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one Day (Specify whether years, months or days)
 In this community one Day

3. (a) PRINT FULL NAME Ruth Beatrice Briggs

3. (b) If veteran, name war No. 3. (c) Social Security NO. NO.

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

6. (b) Name of husband or wife Clarence B. Briggs 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased May 9th 1906
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>9</u>	<u>11</u>hr.min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Willard Wood
 13. Birthplace Nashville Ill.
 (City, town, or county) (State or foreign country)

14. Maiden name Roseello Miller
 15. Birthplace Nebraska
 (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Briggs
 (b) Address 222 Granville Venice Ill

17. (a) Burial (b) Date thereof Feb. 21-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Granite C.

18. (a) Signature of general director Chas E. Mercer
 (b) Address Granite City, Ill

19. (a) FEB 21 1944 (b) J. F. McLeod
 (Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
 (c) City or town Venice, Ill Illinois
 (If outside city or town limits, write "RURAL")
 (d) Street No. 222 Granville St.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country Ill

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22 year 1944 hour 4:05 minute 2 M.

21. I hereby certify that I attended the deceased from Jan 30 1943 to Feb. 20 1944.
 that I last saw h. alive on Feb. 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chrom Endocarditis and Asdium
Left Congestion due to
Circulatory disturbances

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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?
Ill.

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Alfred H. Meyer (M. D. or other) Ill
 Address 4244 N. Flansburg Date signed 2/21/44

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

MOTHER FATHER

Duration of Illness 6 months

Best year 4 years

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.....

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

Signed Charles E. Mercer

Licensed Embalmer No. 2988

P. O. Address. Grant City, Ill.

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.