

FILED MAY 23 1945

Registration District No. 233

Primary Registration District No. 3074

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:  
516 New Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 days (Specify whether  
In this community 21 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County Albany  
(c) City or town Carrollton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 414 Douglas  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Ellie Cecelia Britton

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-30 day 45  
year \_\_\_\_\_ hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 15  
\_\_\_\_\_ 1945 to Mar 30 1945  
that I last saw her alive on Mar 29-45  
and that death occurred on the date and hour stated above.

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

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

6. (b) Name of husband or wife Charles S. Britton 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased: (Month) Jan (Day) 1 (Year) 1868

8. AGE: Years 77 Months 2 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Potsdam NY (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Ellie Cecelia Britton

13. Birthplace St. Albans Vermont (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Britton

(b) Address Carrollton, Ill

17. (a) Burial (Burial, cremation, or removal) Date thereof: (Month) April (Day) 14 (Year) 45

(c) Place: burial or cremation Potsdam

18. (a) Signature of funeral director John Albritton

(b) Address St. Louis

19. (a) 5/15/45 (Date received local registrar) (b) Louis Largent (Registrar's signature)

Immediate cause of death: Chronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Hypertension (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 930

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 Howard M. Keid (M. D. or other) \_\_\_\_\_

Address St. Louis Date signed 3/31/45

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

1318

RECEIVED

District Health Officer No.

District File Number *545-44*

Date Filed *5-15-1*

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.....

*not embalmed*

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

working under my personal supervision.

Signed *John O'Connell*.....

Licensed Embalmer No. *2941*

P. O. Address *Wheaton, Md.*

**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.**