

**FILED JUN 30 1945**

**318** Primary Registration District No. **1003**

Registration District No. \_\_\_\_\_

**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:  
2817 Watson Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community one year  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 2817 Watson Road  
(If rural, give location) 13  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Jackson Briggs

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Emma Humphreys 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 25, 1848  
(Month) (Day) (Year)

8. AGE: Years 96 Months 5 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

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

MOTHER FATHER { 12. Name Ezkiyah Briggs  
13. Birthplace Connecticut  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Hughes  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Geiger  
(b) Address 5985 N. Cuba Court

17. (a) Burial (b) Date thereof 6-21-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Charleston, Missouri

18. (a) Signature of funeral director Beiderwieden F. H., Inc.  
(b) Address 1936 St. Louis Avenue

19. (a) JUN 22 1945 J. P. Bradeck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 21  
year 1945 hour 11: minute 15 P.M.

21. I hereby certify that I attended the deceased from June - 1944  
19 \_\_\_\_\_ to June 21 19 45  
that I last saw him alive on June - 21 19 45  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy no

**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 Janis M. Havens M.D. or other \_\_\_\_\_  
Address 2025 Jefferson Date signed June 22 1945

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

90  
7  
9

*Emb separate Cert. To be filed*

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**