S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31403

FILED OCT 6 1945

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 2305

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 7123 Amherst 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 91

(c) City or town University City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 7123 Amherst Ave 5
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Edward J. Britton, Sr

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

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race W

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

6. (b) Name of husband or wife Clementine

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Oct. (Month) 23 (Day) 1865 (Year)

8. AGE: Years 79 | Months 11 | Days 6 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Vice Pres. (Retired)

11. Industry or business St Louis Pencil Co

FATHER
12. Name Joseph Britton
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unkown
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Clementine Britton
(b) Address 7123 Amherst Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director L. Mullen Fund. Co
(b) Address 5165 Delmar Bl.

19. (a) 10-2-45 (Date received local registrar) (b) E. G. McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th year 1945 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 5, 1945, to Sept 29, 1945, that I last saw him alive on 9-25, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death 93d

Myocardial Failure

Due to Myocarditis

Due to Arterio Sclerosis

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

Major findings:
Of operations None

Of autopsy No

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. ~~or other~~)

Address [illegible] Date signed 10-1-45

(Licensed Embalmer's Statement on Reverse Side)

707

12-2

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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.