S. No. 2
0M—2-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28486

FILED AUG 30 1946

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 6793

1. PLACE OF DEATH:
(a) County
(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: Barnes Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hours PATIENT UNDER TREATMENT SINCE 1936 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 22
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2677 Scott (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WALTER Britton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertha Britton
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Oct 15 1883 (Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Ark (State or foreign country)
10. Usual occupation Labor
11. Industry or business
MOTHER FATHER
12. Name Thomas Britton
13. Birthplace (City, town, or county) Tenn (State or foreign country)
14. Maiden name Sarah Bryley
15. Birthplace (City, town, or county) Ark (State or foreign country)
16. (a) Informant Howard Britton
(b) Address 2677 Scott
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director F. A. Allen
(b) Address 2915 Franklin Av
19. (a) AUG 3 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1946 hour 5 minute 35 P.M.
21. I hereby certify that I attended the deceased from July 31 1946 to July 31 1946 that I last saw him alive on July 31 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bleeding, gastrointestinal	2 days
Due to Laennec's cirrhosis	7 mos +
Due to Primary carcinoma of liver	6 mos +
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy see above

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 J R Bradley (M. D. or other)
Address Barnes Hospital Date signed 8/1/46

(Licensed Embalmer's Statement on Reverse Side)

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. F. A. Green

Licensed Embalmer No. 2963

P. O. Address. 1913 Franklin a

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.