No. 2
—1/47
5-17-39

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 106635 3449

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RUBAL" and name of township)
(c) Name of hospital or institution Homer G. Phillips Hospital 0
(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 Missouri (b) County 060
(c) City or town St. Louis 17
(If outside city or town limits, write "RUBAL")
(d) Street No. 1919 A Franklin Ave 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Roy Briscoe
3. (b) If veteran, name war –
3. (c) Social Security No. 486-18-1790

4. Sex Male 2
5. Color or race col
6. (a) Single, widowed, married, divorced widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 10th (Day) 1907 (Year)

8. AGE: Years 41 Months 0 Days 25 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Labor
11. Industry or business

FATHER
12. Name George Briscoe
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Nettie Briscoe
15. Birthplace Foristell (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Nettie Briscoe
(b) Address 3129 LaSalle Street
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director J. W. Randle & Son
(b) Address 3133 Bell Avenue
19. (a) APR 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31 year 1948 hour 10 minute 00 A.M.
21. I hereby certify that I attended the deceased from 1 19..., to 19...; that I last saw h... alive on 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Fractures of skull
2 Subdural hemorrhage when he was struck by a auto while crossing street William Barry Powell 8 to the Intersection of 14th & Franklin Ave Around 8:30 P.M. March 31, 1948 — Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Criminal Carelessness
(b) Date of occurrence 3/31/48
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street (Specify type of place)
While at work (a) Means of injury Gun
23. Signature Palmer E. Lyle (M. D. or other)
Address Date signed 4/8/48

Jefferson City Printing Co. (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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.