

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2319

122

2009

BIRTH NO. #61188 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY								
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.			c. LENGTH OF STAY (in this place) township			c. CITY (If outside corporate limits, write RURAL and give township) East St. Louis			d. STREET ADDRESS (If rural, give location) 508 N 37th Street						
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			d. STREET ADDRESS (If rural, give location) 508 N 37th Street			4. DATE OF DEATH (Month) (Day) (Year) Jan. 5th, 1950									
3. NAME OF DECEASED (Type or Print)			a. (First) PLEASANT			b. (Middle) BRITT			c. (Last)						
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB 19, 1879		9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR Months		11. IF UNDER 1 HR. Hours		12. IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) KENTUCKY				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME DAVE BRITT				13b. MOTHER'S MAIDEN NAME NOT KNOWN				14. NAME OF HUSBAND OR WIFE KATE JONES							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. 491-12-564A				17. INFORMANT'S SIGNATURE OR NAME CURTIS BRITT				ADDRESS E. ST. LOUIS ILL			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Jaundice's Cirrhosis of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH 14 MO			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.															
19a. DATE OF OPERATION 1-5-50				19b. MAJOR FINDINGS OF OPERATION Cirrhosis of Liver								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 124 3811							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR							
22. I hereby certify that I attended the deceased from 12/20/49, to 1/5/50, 19, that I last saw the deceased alive on 1/5/50, 19, and that death occurred at 6:00PM, from the causes and on the date stated above.															
23a. SIGNATURE C A Mc Ghee M. D.								23b. ADDRESS 1515 Lafayette Ave.,				23c. DATE SIGNED 1/6/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL				24b. DATE 5				24c. NAME OF CEMETERY OR CREMATORY EAST ST. LOUIS ILL				24d. LOCATION (City, town, or county) (State) EAST ST. LOUIS ILL			
DATE REC'D BY LOCAL REG. JAN 6 1950				REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE Chas M Burke				ADDRESS E. St. Louis Ill			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address EAST 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.