

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10211  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2926**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>5-5890 Delmar Blvd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Archer</b>		b. (Middle) <b>Carrier</b>		c. (Last) <b>Britt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 27, 1950</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Apr. 7 1878</b>		9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attorney</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>0</b>		

13a. FATHER'S NAME <b>Thomas Britt</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Corbett</b>		14. NAME OF HUSBAND OR WIFE <b>Louise Brill</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Louise Britt, 5890 Delmar Blvd.</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism, fatal.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Prostate with wide spread metastases</b> DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Duodenal Ulcer</b>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <b>177X</b>	
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 **2-15**, 19**50**, to **3-27**, 19**50**, that I last saw the deceased alive on **3-27**, 19**50**, and that death occurred at **10 p m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <b>Marshall B. Conrad M.D.</b>		23b. ADDRESS <b>5535 Delmar Blvd.</b>		23c. DATE SIGNED <b>3-28-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>3/29/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bethany</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Drehmann-Herral, 1905 Union Blvd.</b>			
DATE REC'D BY LOCAL REG. <b>MAR 28 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. [Signature]</b>			

(Licensed Embalmer's Statement on Reverse Side)

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: *Warren A. Carver*

Licensed Embalmer No. *3534*

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.