

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43852**

4056

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

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 2002		Registrar's No. 3132	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY		c. LENGTH OF STAY (in this place) 34		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY		4343	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 7123 AMHERST AVE				d. STREET ADDRESS (If rural, give location) 7123 AMHERST AVE			
3. NAME OF DECEASED (Type or Print) a. (First) CLEMENTINE		b. (Middle)		c. (Last) BRITTON		4. DATE OF DEATH (Month) (Day) (Year) DEC. 25 - 1950	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH DEC. 17 - 1866		9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 months: Days) (If under 24 hours: Hours) (Min.) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) CHARLYLE ILL		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JOSEPH McLain		13b. MOTHER'S MAIDEN NAME MARY MURRAY		14. NAME OF HUSBAND OR WIFE EDWARD J. BRITTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Mrs Grace Collins - 7123 Amherst Ave.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES: Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Senility				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				20. AUTOPSY? YES <input 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)			
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 1935 , 19____, to Dec 26 , 19 50 , that I last saw the deceased alive on Dec 25 , 19 50 , and that death occurred at 4:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Richard H. D. D. (Degree or title)				23b. ADDRESS Carleton Kelly		23c. DATE SIGNED 12-26	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 28 1950		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. 12/26/50		REGISTRAR'S SIGNATURE Robert R. Tomke MD		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS W. MULLEN UND Co., 5165 Delmar Bl			

12-2
405370
7th & Olive Sts
Charleston, West Va

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 J. Allen Harris Jr.

Licensed Embalmer No. 4053

P. O. Address St. James, W. Va

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.