

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

6269

FILED MAR 5 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1569**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> COUNTY <b>Clay</b>	
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>Louisville, Ill.</b> <b>8120</b>	
c. LENGTH OF STAY (In this place) <b>5 days</b>		d. STREET ADDRESS (If rural, give location) <b>R. R. # 3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Homer Britton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 17, 1952</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>Sept. 21, 1885</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR <b>4</b> Months	IF UNDER 24 HRS. <b>25</b> Hours <b>8</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Blair Township, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Allen Britton</b>		13b. MOTHER'S MAIDEN NAME <b>Narcissus Beal</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Kathryn Britton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Kathryn Britton</b> ADDRESS <b>R. R. #3 Louisville, Ill.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs ±</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Tumor Malignant</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>2/16/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Malignant Brain Tumor -</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>193X</b>	

22. I hereby certify that I attended the deceased from 2/16, 1952 to 2/17, 1952, that I last saw the deceased alive on 2/16, 1952, and that death occurred at 7:45 AM, from the causes and on the date stated above.

23a. SIGNATURE <b>Edmund A. Smrek M.D.</b> (Degree or title)		23b. ADDRESS <b>Beaumont Med Bldg</b>		23c. DATE SIGNED <b>2/18/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2/18/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>EAST ST. LOUIS</b>	
24d. LOCATION (City, town, or county) (State) <b>EAST ST. LOUIS Illinois</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John Rausch</b>		ADDRESS <b>101 N. 9th St. St. Louis, Ill.</b>	
DATE REC'D BY LOCAL REGISTAR'S SIGNATURE <b>FEB 19 1952</b>		25. (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

*Not embalmed*  
Signed

*John Kessler*

Licensed Embalmer No. *6855*

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.