

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2892**  
Registrar's No. **1125**

FILED FEB 11 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MISSOURI</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> <b>2109</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3723 PALM ST.</b>		d. STREET ADDRESS (If rural, give location) <b>3723 PALM ST.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>		b. (Middle) <b>J.</b> c. (Last) <b>BRITSCH</b>	
4. DATE OF DEATH <b>JAN, 27, 1953</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>5/8/1869</b>	
9. AGE (In years last birthday) <b>83</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>HIGHLAND ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CHARLES BRITSCH</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISE SEENGLE</b>	
14. NAME OF HUSBAND OR WIFE <b>EMMA BRITSCH</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO.</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>EMMA BRITSCH</b> ADDRESS <b>3723 PALM ST.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</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) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Enter Sclerotic heart disease chronic</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (a.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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>491X</b>		22. I hereby certify that I attended the deceased from <b>Oct. 1951</b> to <b>June 27, 1953</b> that I last saw the deceased alive on <b>June 27, 1953</b> , and that death occurred at <b>10:30</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>J. P. H. H. H.</b> (Degree or title)		23b. ADDRESS <b>2345 Webster St. St. Louis</b>	
23c. DATE SIGNED <b>1/30/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	
24b. DATE <b>1/31/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>COLLEGE HILL</b>	
24d. LOCATION (City, town, or county) (State) <b>LEBANON ILLINOIS</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STROOT - CARROLL</b> ADDRESS <b>4600 NATURAL BRIDGE AVE</b>	

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

*Albert Mayfield*

Licensed Embalmer No.

*3077*

P. O. Address

*St Louis MO*

**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.**