

STANDARD CERTIFICATE OF DEATH

State File No. **11305**
Registrar's No. **2335**

FILED MAR 24 1953

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REG. DIST. NO. 1003

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 2 yrs		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION 816 Iron Street		d. STREET ADDRESS (If rural, give location) 816 Iron Street	
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Briscoe	
c. (Last) Briscoe		4. DATE OF DEATH (Month) (Day) (Year) Feb. 26 1953	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 4, 1886
9. AGE (In years less birthday) 66	# UNDER 1 YEAR Months 11 Days 22	# UNDER 1 MIN. Hours	# UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothing Laborer		10b. KIND OF BUSINESS OR INDUSTRY Liberty Foundry	
11. BIRTHPLACE (State or foreign country) Vicksburg, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Briscoe		13b. MOTHER'S MAIDEN NAME Clara Hardison	
14. NAME OF HUSBAND OR WIFE Mary Briscoe			
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.	
17. INFORMANT'S SIGNATURE OR NAME Mary Briscoe		ADDRESS 816 Iron Street	
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) pancreatic carcinoma of pancreas with metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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		157X	
22. I hereby certify that I attended the deceased from Nov 20, 1952 , to Feb 26, 1953 , that I last saw the deceased alive on Feb 26, 1953 , and that death occurred at 5:15 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE J. E. Moore		23b. ADDRESS 809 N. Jefferson	
23c. DATE SIGNED FEB 28-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/3/53	
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. MAR 2 1953		REGISTRAR'S SIGNATURE Charles J. Gates	
25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates		ADDRESS 4107 Finney Ave.	

(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 _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed .....
Student Embalmer No.....

Licensed Embalmer No. 4259.....

P. O. Address 4107 Finney Ave......

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.