

0.300
0.48

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1955

State File No. **34613**
8916
Registrar's No.

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

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN New Florence,	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		STREET ADDRESS Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Lyndal Carl Britt.		a. (First) Lyndal		b. (Middle) Carl	
c. (Last) Britt.		4. DATE OF DEATH Oct. 11, 1955		Date (Month) (Day) (Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 24, 1913		9. AGE (In years last birthday) 42		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) Montgomery City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		13. IF UNDER 1 YEAR Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/>	
13a. FATHER'S NAME Tandy Britt		13b. MOTHER'S MAIDEN NAME Lonie Witt		14. NAME OF HUSBAND OR WIFE Luella Britt	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Leland Britt, #1 Gore Ave., Web. Br., Mo.	
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) Brain tumor, verified ANTECEDENT CAUSES Meningioma Rt. Frontal lobe Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Meningioma, Rt. Frontal Lobe DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH approx. 2 mo.	
19a. DATE OF OPERATION 10/10/55		19b. MAJOR FINDINGS OF OPERATION Rt. frontal lobe meningioma		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 10-10 19 55 , to 10-11 , 19 55 , that I last saw the deceased alive on: 10-11 , 19 55 , and that death occurred at 5 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE George E. Roedel		(Degree or title) no		23b. ADDRESS 3720 Washington Ave	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-12-55		24c. NAME OF CEMETERY OR CREMATORY Local	
24d. LOCATION (City, town, or county) (State) Montgomery City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	
DATE REC'D BY LOCAL REG. OCT 13 1955		REGISTRAR'S SIGNATURE Carl Smith		(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.....
Signature of Student Embalmer

Signed *John J. Haine*.....

Licensed Embalmer No. *54*.....

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.