

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42754**

FILED JAN 15 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11986**

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 town) ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4856 Maffitt Ave.		STREET ADDRESS (If rural, give location) 4856 Maffitt Ave.				
3. NAME OF DECEASED (Type or Print) CALLIE		a. (First) b. (Middle) c. (Last) BRIGGS		4. DATE OF DEATH (Month) (Day) (Year) Dec. 26 1956		
5. SEX Female		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		
8. DATE OF BIRTH Feb. 10, 1884		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR: Months 10 Days 16 IF UNDER 24 HRS. Hours 16 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Arrington, Tenn.		
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Merritt King		13b. MOTHER'S MAIDEN NAME Celia Buchanan		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500-26-8406		
17. INFORMANT'S SIGNATURE OR NAME Jessie Mae Prophet		ADDRESS 5133 Page Blvd.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease. ANTECEDENT CAUSES Chr. Arthritis DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH 2 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443x			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) (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 3 Nov. 1954 to 22 Dec. 1956 that I last saw the deceased alive on 22 Dec. 1956 and that death occurred at 1 Am., from the causes and on the date stated above.						
23a. SIGNATURE D. James Evans, M.D.		23b. ADDRESS 4630a Page Blvd.		23c. DATE SIGNED 28 Dec. 1956		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 31, 1956		24c. NAME OF CEMETERY OR CREMATORY St. Peter's		
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		DATE REC'D BY LOCAL REG. DEC 28 1956		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		
25. FUNERAL DIRECTOR'S SIGNATURE J. H. RANDLE & SON		ADDRESS 3133 Bell Ave.				

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 *Esther K. Harris*.....

Licensed Embalmer No. *44*.....

P. O. Address *418, 7th*.....

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.