WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13433

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis. (No. 4235 Sacremento St. ..... Ward)

File No. .....

Registered No. 3760

2. FULL NAME John Roylston Bryant.

(a) Residence. No. 4235 Sacremento St., 10 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lillian Bryant.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 12 1856

7. AGE: Years 70 | Months 10 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer): City Water Works

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

PARENTS

10. NAME OF FATHER: Robert Lee Bryant.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Miss.

12. MAIDEN NAME OF MOTHER: Donot Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Donot Know

14. INFORMANT: Mrs. Mayme Riesinger
(Address) 4045 Scanlon Pl.

15. FILED APR 19 1927, 19..... Max C Starkloff, REGISTRAR

4.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 17 1927

17. I HEREBY CERTIFY, That I attended deceased from March 3, 1927, to April 17th 1927 that I last saw h... alive on April 17th 1927, and that death occurred, on the date stated above, at 645 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis
97
112
113
91B

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Emphysema Bronchial Asthma and Senile Debility

(duration) ..... yrs. 1 mos. 14 ds.

Non Tubercular

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. No. DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Diagnosis

(Signed) George Henry Kuper, M.D.

April 18th 1927 (Address) 5222 North 9th St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Friedens.

DATE OF BURIAL: Apr 20 1927

20. UNDERTAKER: Provost Und Co.

ADDRESS: 3710 N Grand