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.

File No. 2398

Registered No. 49

1. PLACE OF DEATH

County ..... Registration District No. 1931 2398

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

City St. Louis (No. 1502 So. 10th St. ..... St. ..... Ward)

2. FULL NAME Robert Bryan

(a) Residence, No. 1502 So 10th St., 23 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? 34 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Helen Bryan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 18, 1884

7. AGE: Years 47 | Months 4 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hotel Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 233

10. Date deceased last worked at this occupation (month and year): Dec 31

11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

FATHER

13. NAME: Unk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Helen Bryan 1502 So 10th St

18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Cemetery DATE: Jan 4 1932

19. UNDERTAKER (ADDRESS): Bode & Kemper

20. FILED JAN 2 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1931, to Dec 31, 1931

I last saw alive on Dec 31, 1931. Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic Interstitial.	
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Other contributory causes of importance:

Myocarditis Chronic	
Cerebral-arteriosclerosis	

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury — (1)

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) George Rudlemann, M. D.

(Address) 9927 Gravois Bldg