

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

Do not use this space.

34369

**1. PLACE OF DEATH**

County ..... Registration District No. ....

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

City St. Louis (No. City Hospital)

File No. ....

Registered No. 10100

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4222 Delmar St. 19 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred life 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 9

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Chas. Bryant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglasville, Georgia

MOTHER 15. MAIDEN NAME Ethel Teador

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradock, Pa.

17. INFORMANT (ADDRESS) Hospital information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE City Crematory DATE 11-17-1934

19. UNDERTAKER (ADDRESS) Chas. Bryant St. Louis

20. FILED NOV 16 1934 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21st 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12th 1932 to Oct. 21st 1932

I last saw him alive on Oct. 21st 1932 Death is said to have occurred on the date stated above, at 5:45 a.m.

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

Signature  
(7 months)  
159  
159  
Other contributory causes of importance: ①

Name of operation ..... Date of .....

What test confirmed diagnosis? Chinid 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 .....

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 ..... Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Jenny Gust M. D.

(Address) City Hospital

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.

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

By you