

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

Do not use this space.

37768

**1. PLACE OF DEATH**

County St. Louis  
Township \_\_\_\_\_  
City St Louis (No. \_\_\_\_\_)

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 10470 Ward \_\_\_\_\_

**2. FULL NAME**

James A. Bryan  
(a) Residence, No. 2222 Mo St. 12 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
8.4 7 12

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

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) Washington Co. Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Missouri

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown?

17. INFORMANT (ADDRESS) Mrs. Jesse Brown  
2323 Whitmore, St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE Nov. 26 1932

19. UNDERTAKER (ADDRESS) Oscar J. Hoffmeister  
4016 Chippewa St. St. Louis

20. FILED NOV 26 1932 Walter C. Stanley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24 1932

22. I HEREBY CERTIFY (That) I attended deceased from Nov 21, 1932, to Nov 24, 1932

I last saw him alive on Nov 24, 1932. Death is said to have occurred on the date stated above, at 10:00 P.M.

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

arterial Sclerosis Date of onset \_\_\_\_\_  
non Diabetic

Other contributory causes of importance: Sepsis, Grangeine, Left Heart, Hemiplegia, Left Sided Apoplexy

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

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

(Signed) Dr. H. B. Owen, M. D.  
(Address) 2833 Franklin

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.

Dr Owen

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