

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

Do not use this space.

24727

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. City Hospital)

File No.
Registered No. 6131
St. Ward)

2. FULL NAME

(a) Residence, No. 8740 Burton St. 113 Ward. Overland Mo.
(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 Female 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 Otto Bryan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 11 27

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

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) Louisville Ky

13. NAME W. M. Bryant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Sophia Catherine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs W. Book
(ADDRESS) 8740 Burton ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Dee See Cem DATE July 14 1933

19. UNDERTAKER Soghan Ltd. Inc
(ADDRESS) 7146 Manchester ave

20. FILED 117 7.1 1933
J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician attended
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1933

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 4:03 P.m.

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

Carcinoma of Pancreas Date of onset

465
Other contributory causes of importance: 465

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

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) Harold P. Hub
(Address) Deputy coroner

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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2351
2

7/14/33

