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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

MAR 4 1935

Do not use this space.

3945

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township ~~Central~~ — Primary Registration District No. 6248H — Registered No. 29
City Richmond Hts (No. St Marys Hospital St. Ward)

2. FULL NAME Charles Shelton Bryan III

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25-1935

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

OCCUPATION
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 Co Mo.

FATHER
13. NAME Charles S Bryan Jr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desloge Mo.

MOTHER
15. MAIDEN NAME Virginia Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Mo

17. INFORMANT (ADDRESS) Charles S Bryan Jr 6249 Cates ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredericktown Mo DATE Jan 26 1935

19. UNDERTAKER (ADDRESS) Albert H Happe Inc 429 N. Euclid

20. FILED 1/26 1935 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/25 1935, to 1/25 1935
I last saw ~~h~~ alive on 1/25/35, 19 Death is said to have occurred on the date stated above, at 9 30/4 m.
The principal cause of death and related causes of importance were as follows:

Congenital absence of Rt half of diaphragm
attacks of Rt lung
Rt Lobe of liver displacing
Rt lung

Date of onset

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? autopsy 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? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify no
(Signed) Bruce J Reilly, M. D.
(Address) 61259 Bartmer Ave