

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City Saint Louis

Registration District No. 791
1003
Primary Registration District No.
(No. Alexian Brothers Hospital)

File No. 3523
Registered No. 556
St. Ward)

2. FULL NAME John S. Bright

(a) Residence, No. 1828 S. 10th, rear. St., 23 Ward, 1

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1936 to Jan 12 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1871

I last saw him alive on Jan 10 1937. Death is said to have occurred on the date stated above, at 4:00 p.m.

7. AGE YEARS 65 MONTHS 6 DAYS 26 If LESS than 1 day, hrs. or min.

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

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

Cerebral thrombosis (Date of onset 11/37)

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.....

Other contributory causes of importance: Arterio-sclerosis 1935

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

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

17. INFORMANT Alvin W. Bennett, (ADDRESS) 5821 Kennerly Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Jan. 15, 1937

19. UNDERTAKER Craig Undertaking Co. (ADDRESS) 2458 Washington Blvd.

20. FILED 1937 19. J. Bredeck Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis? Lab 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) J. Bredeck, M. D.
(Address) 1357

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. First names of parents should be given. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

