JAN 10 1938

460 470

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

43824
Do not use this space.

791 1

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003 1
(b) Township ..... Primary Registration District No. ..... Registered No. 12074
(c) City St. Louis Mo. (d) Street No. City Hospital #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Minnie Bryant.
(a) Residence, No. 3663 Montana St. 15 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: While
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Sidney L Bryant.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-27-1862

7. AGE: YEARS 75 | MONTHS 7 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec-24-37
11. Total time (years) spent in this occupation 235

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

FATHER
13. NAME Frank ~~Hoffstetter~~ Hoffstter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER
15. MAIDEN NAME Unknown. 31
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Sidney L. Bryant 3663 Montana

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Pk DATE Dec-31 1937

19. FUNERAL DIRECTOR (ADDRESS) Oscar J. Hoffmeister 4016 Chipperva St.

20. FILED DEC 29 1937 19 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28 1937

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 7:45A.M.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia, fracture both bones of both legs, suffered when struck by Essex Coach driven by one, Harry Schneiders, on Grand Avenue south of Montana Street about 7:10 P.M. December 24, 1937. Criminal Carelessness.
Date of onset
Other contributory causes of importance: 194 B
210 M
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? C.C. Date of injury 12/24 1937
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury See above
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify .....
(Signed) Alfred J Perry 4, M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, Edwin H. Leibinger, Licensed Embalmer No. 3888

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Edwin H. Leibinger

Licensed Embalmer No. 3888

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)