

DECD SEP 12 1938

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

27052

Do not use this space.

1. PLACE OF DEATH

(a) County..... 3
(b) Township..... 1
(c) City *St Louis*
(d) Street No. *Jefferson Hotel, 12th Locust* St.
(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.

791

1003

7066

2. PRINT FULL NAME

(a) Residence, No. *5570 Chamberlain* St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Francis Brown Bryson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 26 - 1867*

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
71. 4. 12.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Attorney*
9. Industry or business in which work was done, as saw mill, bank, etc. *Real Estate*
10. Date deceased last worked at this occupation (month and year) *Nov. 7, 1937* spent in this occupation *1*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Penn*

13. NAME *Rev John L. Bryson*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washington Co Pa*

15. MAIDEN NAME *Nancy A. Chambers*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pittsburg Pa*

17. INFORMANT (ADDRESS) *Mrs Frances B. Bryson # 5570 Chamberlain*18. BURIAL, CREMATION, OR REMOVAL PLACE *Beeton, Mo* DATE *Aug. 11th 1938*19. FUNERAL DIRECTOR (ADDRESS) *C. R. Tipton & Sons # 7233 Delmar Blvd*20. FILED *9 1938* *J. F. Budick* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 8 1938*22. I HEREBY CERTIFY, That I attended deceased from *May 20 1938*, to *Aug 8 1938*I last saw him alive on *Aug 8 1938* Death is said to have occurred on the date stated above, at *4:25 P.M.*

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

Carcinoma (Lung) metastatic to stomach, primary site undetermined
Diagnosis: Lung Cancer

Other contributory causes of importance:

*H&B*Name of operation *none* Date of *no*
What test confirmed diagnosis? *Biopsy* 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 injury24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify(Signed) *M. W. Lyman* M. D.
(Address) *906 Chilton Bldg*

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1 X12004

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.

Res - 62114 Washington
Pa - 35215
CH 7152

STATEMENT BY LICENSED EMBALMER

I, B. A. Miles, Licensed Embalmer No. #2901.

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed B. A. Miles.

Licensed Embalmer No. #2901.

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