

191938
 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.

REC'D JAN 6 1939

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

44423
 Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis / Registration District No. 784
 (b) Township Clayton / Primary Registration District No. 101 Registered No. 2066
 (c) City Clayton / (d) Street No. St. Louis County Hospital 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 62.3 Clyde Foster Bright
 (a) Residence, No. 3532 Brown Road St. St. Johns Station
 (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zella Jacobs Bright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 2 22

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
 9. Industry or business in which work was done, as saw mill, bank, etc. St. Johns Bank
 10. Date deceased last worked at this occupation (month and year) 11/19 11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arthur, Ill. /

FATHER
 13. NAME Zeke Bright
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois /

MOTHER
 15. MAIDEN NAME Angelo Nichols
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois /

17. INFORMANT (ADDRESS) Elyada Kennedy
3532 Brown Rd. Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crem DATE 12-19-38 19.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barman Bros
2504 Woodson Rd - Overland, Mo.

20. FILED DEC 19 1938 D. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1938 19

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 12.40AM

The principal cause of death and related causes of importance were as follows:
Struck by an automobile while a pedestrian on a public highway.
Not 18, 1938

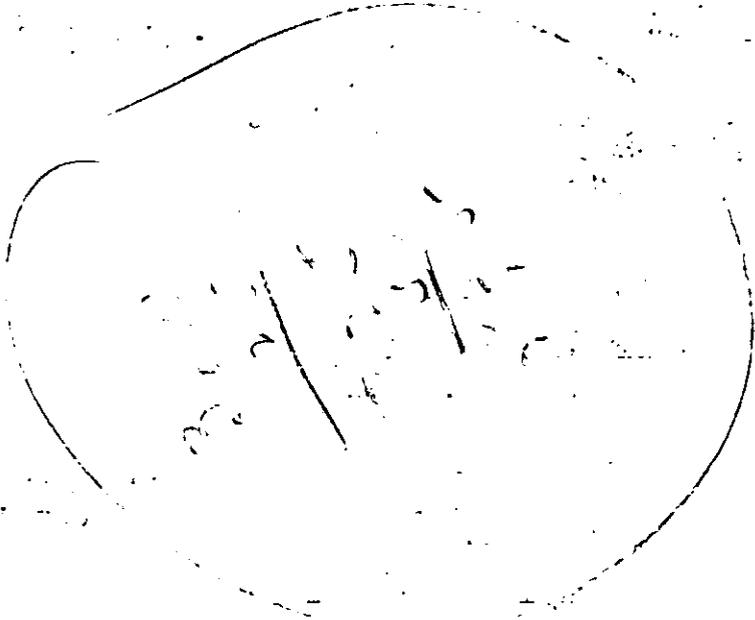
Other contributory causes of importance:
Cpd. Fracture of the R. Tibia and fibula.
Lobular pneumonia with lateral fibrous pleurisy.

Name of operation _____ Date of _____
 What test confirmed diagnosis? physical signs W. D. Autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide accident Date of injury 11/19/38
 Where did injury occur? St. Johns Station, 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 struck by auto
 Nature of injury Fracture R. leg.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. C. Howell M. D.
Coroner of St. Louis County, Mo.
 (Address) _____



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed Cecil F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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.)

If this body is not embalmed, above space should be left blank.