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 FEB 10 1939

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

877
Do not use this space.

791
1003
877

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo.
Registration District No.
Primary Registration District No.
Registered No.
(d) Street No. 500 S. Kingshighway ST. LOUIS CHILDREN'S HOSP 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.

653

2. PRINT FULL NAME Junior Allen Bryant
(a) Residence, No. 9407 Rosalon St. NR St. Louis County
(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) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-5-26
7. AGE 1 YEARS 12 MONTHS 6 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as saw mill, bank, etc. Child
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, Mo. 0

FATHER
13. NAME Wm. J. Bryant 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

MOTHER
15. MAIDEN NAME Osie Napier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Miss Nedder 500-S-Kingshighway
18. BURIAL, CREMATION, OR REMOVAL
PLACE Jonesburg, Mo DATE Jan. 30, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Baumann Bros. 2504 Woodson Rd. Overland Mo
20. FILED JAN 28 1939 J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1939
22. I HEREBY CERTIFY, That I attended deceased from 1-14-, 1939, to 1-27-, 1939
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 20 a.m.
The principal cause of death and related causes of importance were as follows:

Neuronitis (Peripheral neuritis)

Date of onset

87a

Other contributory causes of importance: ~~Medullary failure~~

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) R. J. Blattner, M. D.
(Address) 1500 So. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar 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 compl with the above constitutes grounds for revocation of license.)

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