JAN 10 1939

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

3937
Do not use this space.

1. PLACE OF DEATH
(a) County Saint Louis (b) Registration District No. 784
(b) Township Carondelet Primary Registration District No. 200 Registered No. 52
(c) City or Township Jefferson Barracks (d) Street No. Vet. 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 Unkn. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mack W. BRYANT
(a) Residence, No. 658 St. Herrick, Illinois.
(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: Mrs. Frances Bryant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 26, 1905
7. AGE: Years 33 | Months 4 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laborer
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): -
11. Total time (years) spent in this occupation: -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Herrick, Illinois

FATHER
13. NAME: Samuel Bryant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known, Illinois

MOTHER
15. MAIDEN NAME: Mary Chandler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known, Illinois

17. INFORMANT (ADDRESS): Mrs. Lee, Clinical Clerk, VAF Jefferson Barracks, Missouri.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Herrick Ill DATE 1-10 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wallace + Don Herrick Ill
20. FILED JAN 10 1939 G. R. Mey M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 9, 1939
22. I HEREBY CERTIFY, That I attended deceased from January 5, 1939, to January 9, 1939
I last saw him alive on January 9, 1939. Death is said to have occurred on the date stated above, at 10:20 a.m. PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease; mitral stenosis.	Unkn.

Other contributory causes of importance:
None.

Name of operation None Date of
What was confirmed diagnosis? Phy. clinical manif. and laboratory. 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) C. W. HUGHES, Chief Med. Off., M. D.
(Address) VAF., Jefferson Barracks, Mo.

(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.

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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address O'Fallon M

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

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