

WRITE PLAINLY—USE UNFADING BLACK INK—MADE IN U.S.A.—FURNISHED BY THE U.S. GOVERNMENT

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20697

State File No.

Registrar's No.

5541

Registration District No. **791**
1003

Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis mo
(b) City or town St. Louis
(c) Name of hospital or institution: Barnes Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County _____
(c) City or town St. Louis, Ill. 2 NR
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Merle Curtis Bryant
(b) If veteran, name war No
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 20
year 1939 hour 11:45 minute _____ P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

7. Birth date of deceased 2 20 1914
(Month) (Day) (Year)

Immediate cause of death Fracture of skull
caused by collision with rear end of
truck near Salem, Ill. about
1:30 P.M. June 18 1939
Other conditions Assistant
(Include pregnancy within 3 months of death)

8. AGE: Years 25 Months 4 Days 20
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Clinton Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Cleaner & Presser
11. Industry or business _____
12. Name Fred Bryant
13. Birthplace Illinois
14. Maiden name Dora Ritter
15. Birthplace Illinois

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy see above
Underline the cause to which death should be charged statistically. y

16. (a) Informant's own signature H Hancock
(b) Address Salem Ill
17. (a) General (b) Date thereof 6-23-39
(c) Place: burial or cremation Salem, Illinois
18. (a) Signature of funeral director Hancock Funeral Home
(b) Address Salem, Ill
19. (a) JUN 22 1939 (b) J. B. Bush
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Open Verdict
(b) Date of occurrence June 18 1939
(c) Where did injury occur? Salem, Ill.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place
While at work? no
23. Signatures Alfred J. Pruyers
Address alepaup, Co. Mo. Date signed 6/22/39

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 A. Rowland

Licensed Embalmer No. 3114

P. O. Address. St Louis, 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.