S. No. 2
—11-10-39
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23239

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5684

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St Lousi
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: H G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 3215 Lucas
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME DIANA BRYANT 653

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race col

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ~~never married~~

6. (c) Age of husband or wife if alive years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years about 68 | Months | Days | If less than one day hr. min.

9. Birthplace Charlestons south carolina
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business none

FATHER
12. Name Kellis Bryant
13. Birthplace unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ~~unknown~~ yant
15. Birthplace unkuown
(City, town, or county) (State or foreign country)

16. (a) Informant Alvin Bryant
(b) Address 3215 Lucas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Gubentwood

18. (a) Signature of funeral director Dinkel L Toney
(b) Address 3129 Lucas ave

19. (a) JUL 3 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1940 hour 12:24 minute P M.

21. I hereby certify that I attended the deceased from June 27, 1940, to July 1, 1940
that I last saw her alive on July 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Johnson (M. D. or other)
Address 2601 N Whittier Date signed 7/3/40

(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 This Body removed from Hospital to chapel. Tel Er P[illegible] Registered Apprentice No. [illegible] working under my personal supervision. and Burial same day.

Signed Clark Jam[illegible] J

Licensed Embalmer No. 3371

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.