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

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23483

Registration District No. 1091 — FILED AUG 25 1940

Primary Registration District No. 1003

Registrar's No. 5928

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital # 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 26
(If outside city or town limits write "RURAL")

(d) Street No. 1618a N. 18th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Brodie Monroe Bryant 653

3. (b) If veteran, name war None

3. (c) Social Security No. 497-09-4325

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rose Bryant

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased January (Month) 22nd (Day) 1908 (Year)

8. AGE: Years 32 Months 5 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Presser Clothing Stone

11. Industry or business

FATHER
12. Name Jesse Monroe Bryant
13. Birthplace Hollow Spring (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Lulu Edna McCoy
15. Birthplace Enville (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Jesse M. Bryant
(b) Address 4160 Blaine Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-40 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 15 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

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

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.

Immediate cause of death Traumatic Hemorrhage due to Fragmented Fracture of Skull; suffered about 10:23 P.m., July 11th, 1940, at 1700 Division Street, when struck by brick thrown by one Curtis Beasley Col., in the act of a hold-up aided and abetted by Arnold Hall, Col. Hollis Hall Henry Alexander Col., Earl Alexander Col., and George McFarland, Col.,

Duration

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) Homicide

(b) Date of occurrence July 11th, 1940

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Lewis (M. D. or other)

Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

Coroner Case

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address.....

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.