

S. No. 2
1-1441
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1573

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 808

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis Co Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 5 yrs
specify whether years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town Normandy, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3215 St Ann Lane
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Monroe Bryant

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah Belle Bryant 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased July 4 1883
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 9 If less than one day hr. min.

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

10. Usual occupation For m in 9

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Bryant
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Yeader
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Ben F. Bryant

(b) Address 1412 Partridge N. City

17. (a) Removal (b) Date thereof 4-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Florence Mo

18. (a) Signature of funeral director H. Marlow

(b) Address Montrose City Mo

19. APR 13 1941 (b) W. R. Major M.D. D.P.N.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1941 hour 4:50 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 4-11 1941 to 4-13 1941
that I last saw him alive on 4-13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Arteriosclerotic Heart Disease

Due to _____
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature B. H. Stebbins (M. D. or other) D.M.D.

Address St Louis Co Hospital Date signed 4-13-41

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

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 *Joseph A Marlow*

Licensed Embalmer No. *3658*

P. O. Address *Montgomery City*

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, fact should be so stated above.