DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28577

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7702

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer G. Phillips Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 40 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis 21 9 (If outside city or town limits, write "RURAL")

(d) Street No. 20 North Compton (If rural, give location)

(e) Citizen of foreign country? No Attending Physician (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Edward Bryant

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race 2 Col

6. (a) Single, widowed, married, divorced 1 Married

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

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

7. Birth date of deceased 11 (Month) 15 (Day) 1902 8 (Year)

8. AGE: Years ~~40~~ 39 Months ~~8~~ 9 Days ~~24~~ 26 If less than one day hr. min.

9. Birthplace St Louis MO (City, town, or county) 0 (State or foreign country)

10. Usual occupation Hotel Clerk

11. Industry or business

FATHER
12. Name William Bryant
13. Birthplace St Louis MO (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Mildred Hunt
15. Birthplace MO (City, town, or county) 0 (State or foreign country)

16. (a) Informant Clara Curties

(b) Address 20 North COmptOn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/1942 (Month) (Day) (Year)

(c) Place: burial or cremation GreenwOOd Cem

18. (a) Signature of funeral director Pinkie L TOney

(b) Address 3129 Lucas Ave

19. (a) SEP 15 1942 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 11 year 1942 hour 9 minute 45 A.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 Anterior Poliomyelitis

Due to

Due to 36

Other conditions (Include pregnancy within 3 months of death) 6

Major findings:
Of operations
Of autopsy

Duration

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 Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 9/14/42

(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~~ me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clark Moore

Licensed Embalmer No. 3371

P. O. Address St. Louis

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

If this body is not embalmed, fact should be so stated above.

S. No. 2B
(—8-21-41
>I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28597

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 772

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: Homer G Phillips
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Bryant

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 15 (Day) 1896 (Year)

8. AGE: Years 39 Months 9 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) OCT 22 1941 (Date received local registrar) (b) J. F. Budesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;

that I last saw him alive on 19;

and that death occurred on the date and hour stated above.

Immediate cause of death — 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)

(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 (M. D. or other)

Address Date signed

SUPPLEMENTARY