

S. No. 2
OM-2-43
v. 5-17-39
PI X35697

FILED MAR 13 1944
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Missouri-Baptist Hospital
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Morgan

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

(d) Street No. 822 W. Railroad St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert L. 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 Married

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

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased November 12 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1944 hour 10:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Dec 6
1943 to Feb 28 1944
that I last saw him alive on Feb 28 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 3 Days 16
If less than one day hr. _____ min _____

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

10. Usual occupation Real Estate

Immediate cause of death:
Pulmonary Embolism Duration 5 min

Due to Carcinoma of Bladder

Due to _____

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

11. Industry or business Self

MOTHER FATHER { 12. Name William Bryant

13. Birthplace Unknown- Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Etta Bryant

(b) Address Jacksonville, Ill.

17. (a) Removal (b) Date thereof 3-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jacksonville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 1 1944 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations Multiplex Carcinoma of Bladder

Of autopsy Pulmonary Embolism, Carcinoma of Bladder

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury S

23. Signature Albert H. Hoppe (M. D. or other) _____
Address 958 Broadway Date signed 3/1/44

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.....

Licensed Embalmer No.....

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, fact should be so stated above.