

U.S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED FEB 18 1944
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1308**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1721 Franklin St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Bryant

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-01-8842

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helen Bryant 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased May 30 - 1901
(Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 8 If less than one day hr. min.

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

10. Usual occupation Maintenance man

11. Industry or business Shoe

12. Name Thomas Bryant

13. Birthplace Lebanon, Missouri (City, town, or county) (State or foreign country)

14. Maiden name Laura Bell Bryant

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

16. (a) Informant Jerry Bryant
(b) Address 1721 Franklin St.

17. (a) Burial (b) Date thereof July 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lafayette Cemetery

18. (a) Signature of funeral director Chas. A. Bell
(b) Address 4451 Washington St.
19. (a) FEB 10 1944 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8 year 1944 hour 5:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from February 2, 1944, to February 8, 1944.
that I last saw him alive on February 8, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Negato - renal syndrome Duration 24 hrs

Due to _____

Due to 131

Other conditions 131
(include pregnancy within 3 months of death)

Major findings: 2-4-44. Incorporated Of operations. Older Rt. hernia. No autopsy. Home. Yes. Bronch. neg.

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) (e) Means of injury _____
While at work? _____
23. Signature D. J. Verdo (M. D. or other) 0
Address 1515 Lafayette Avenue Date signed 2-9-44

844

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.....

John Letter

Licensed Embalmer No... *3880*

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.