

No. 2
1-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. [Signature]
18403
State File No.

FILED MAY 17 1944
Registration District No. 128

Primary Registration District No. 5592

Registrar's No. 82

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

1. PLACE OF DEATH:
Jefferson
(a) County Jefferson
(b) City or town Herculaneum
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
Missouri Jefferson
(a) State Missouri (b) County Jefferson
(c) City or town Herculaneum
(d) Street No.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Bryant
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 8 year 1943 hour 8 minute 40 P.M.
21. I hereby certify that I attended the deceased from Dec 1 to Dec 8 1943
that I last saw him alive on Dec 7 1943 and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced, or married
6. (b) Name of husband or wife Maggie Bryant
6. (c) Age of husband or wife if alive 1863 years
7. Birth date of deceased March 28 (Month) (Day) (Year)

Immediate cause of death Coronary thrombosis
Due to arteriosclerosis 15 yrs
Duration 2 hrs

8. AGE: Years 80 Months 8 Days 12 If less than one day hr. min.

Due to arteriosclerosis 15 yrs

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

Due to

10. Usual occupation School Janitor

Other conditions: Resisted 7 months due to food restriction 6 days

11. Industry or business Unknown

Major findings: Of operations: None

12. Name Unknown

Of autopsies: None

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

14. Maiden name

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

16. (a) Informant Mrs. Maggie Bryant

(b) Address Herculaneum, Missouri

17. (a) Burial (b) Date thereof 12/11/43 (Month) (Day) (Year)

(c) Place: burial or cremation Herculaneum, Missouri

18. (a) Signature of funeral director Fink Funeral Parlor (b) Address Fes tus, Missouri

19. (a) 12-11-43 (b) Mrs. Lily Williams (Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) Address: Herculaneum, Mo. Date signed 12/11/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

1359

NOV 26 1948

JUN 2 1950

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 5-15-44

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

Eleuan Province

Registered Apprentice No.

working under my personal supervision.

Signed

Eleuan Province

Licensed Embalmer No. 3403

P. O. Address Festus Missouri

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.