. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7542

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2499

1. PLACE OF DEATH:

(a) County St Louis 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: St Louis Childrens Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 28
(c) City or town Leasburg Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0 NR
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bryan, Judith Darlene
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feby (Month) 12th (Day) 1944 (Year)

8. AGE: Years 1 Months 1 Days 2 If less than one day hr. min.

9. Birthplace Leasburg (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Eldon Bryan
13. Birthplace Cuba (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Eileen Annis
15. Birthplace Leasburg (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Fred Bryan
(b) Address Leasburg Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation Leasburg Mo
18. (a) Signature of funeral director E E Long
(b) Address Bourbon Mo
19. (a) MAR 19 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 14
year 45 hour 8 minute 35 P.M.
21. I hereby certify that I attended the deceased from 3-12, 1945 to 3-14, 1945
that I last saw her alive on 3-14, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza bacillus meningitis	
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 Gilbert B. Forbes (M. D. or other)
Address 500 So Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

2499

2499

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.