

No. 2
-5-43
5-17-39
I X36671

FILED FEB 18 1946

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **598**

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:
3533 Laeclade ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Bryant

3. (b) If veteran, name war no

3. (c) Social Security No. 49630-3444

4. Sex Female **5. Color or race** col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 8 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>11</u>	<u>7</u>	hr. min.

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

10. Usual occupation Dishwasher in Lunch

11. Industry or business

12. Name Frank Brandon

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

14. Maiden name Josephine Tomlin

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

16. (a) Informant Grant Brandon

(b) Address 3533 Laeclade ave

17. (a) Burial, cremation, or removal Burial Greenwood Cem (b) Date thereof 1-31-46
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director J. F. Bredek

(b) Address 3517 Laeclade ave

19. (a) JAN 18 1946 (Date received local registrar) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 3533 Laeclade ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15th
year 1946 hour 8 7 minute 008 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 Myocardial Infarction
non-specific

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

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)

(a) Means of injury _____

Signature Blair Perry (M. D. or other) _____

Date signed 1/17/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Melvin Edward Green, Registered Apprentice No. *383*

working under my personal supervision.

Signed *M. E. Green*

Licensed Embalmer No. *1173*

P. O. Address *3517 Sackville Ave*

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.