

No. 2
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U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10715

Registration District No. 311

Primary Registration District No. 6076

State File No. _____

Registrar's No. 561

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Mt. St. Rose Hosp 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County _____

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

(d) Street No. 4060 Castleman Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Maxine Burnette Bryan

3. (b) If veteran, name war No

3. (c) Social Security No. 487-22 9134

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Barney

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Jan 1 1922
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1946 hour 10.15 PM minute _____ M.

21. I hereby certify that I attended the deceased from 10/28, 1942 to 3/1, 1946
that I last saw her alive on 2-1-46 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 7 yrs.

Due to _____

Due to _____

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

8. AGE: Years: 24 Months: 1 Days: 0 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Office work

11. Industry or business Edison Bros Clothing Co

MOTHER FATHER {

12. Name Ben Mitchell

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

14. Maiden name Sarah Burnett

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

16. (a) Informant Barney Bryan

(b) Address 4060 Castleman Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 4 46
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Kreigshausner

(b) Address 4228 So. Kingshighway

19. (a) 3-7-46 (Date received local registrar)

(b) E. M. Gorman (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 _____

23. Signature J. J. Flave (M.D. or other)

Address 37 W. Washington St. Date signed 3/2/46

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

JUL 11 1945

MAR 22 1940

*Mr. Thomas
3720 Washington Ave
Baltimore, Md
Dec 15 1941
G.M. B.M.*

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 *Edwin M. Bennett*

Licensed Embalmer No. *3024*

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.