

FILED MAY 9 1947 318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003 Registrar's No. \_\_\_\_\_

**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: St. Marys Inf.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County oas  
 (c) City or town St. Louis 1817  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3708 Rutger  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Theodore Edward Bryant  
 3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex Male 5. Color or race Negro  
 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 March 15 1947  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 27 year 1947 hour 9 minute 30 A.M.  
 21. I hereby certify that I attended the deceased from April 26th 1947, to April 27 1947, that I last saw him alive on April 27 1947, and that death occurred on the date and hour stated above.

**8. AGE:** Years \_\_\_\_\_ Months 6 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
2 12  
 9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

Immediate cause of death Malnutrition Duration 2 mo  
 Due to Diarrhea 2 days  
 Due to 119  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

**11. Industry or business** \_\_\_\_\_  
**12. Name** Ernest Bryant  
**13. Birthplace** Ark. I  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Lee  
**15. Birthplace** St. Louis Mo  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy malnutrition  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant** Jessie L Bryant  
 (b) Address 3708 Rutger  
**17. (a) Buried** (b) Date thereof 4/28/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Greenwood Cem  
**18. (a) Signature of funeral director** Reuben Funeral Home  
 (b) Address 215 So. Jefferson  
**19. (a) APR 28 1947** (b) J. J. Brudeck  
(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? 0  
(Specify type of place) (e) Means of injury.  
 Signature Edwin A Lee (M. D. or other) MD  
 Address 1536 Papine, St. Louis Mo Date signed 4/27/47

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 *Not Embalmed*  
....., 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.**