S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18658

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5073

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1700a North Tenth Street
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 26 1700a North Tenth Street 3
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Bryan

3. (b) If veteran, name war None

3. (c) Social Security No. 429-03-1604

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margie Bryan

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased August (Month) 7 (Day) 1908 (Year)

8. AGE: Years 38 | Months 9 | Days 13 | If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Construction Company

MOTHER FATHER

12. Name James Bryan

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

14. Maiden name Dora Wolf

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

16. (a) Informant Margie Bryan

(b) Address 1700a North Tenth Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/47 (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 20 1947 (Date received local registrar) (b) J. J. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1947 hour 5 minute 52 A. M.

21. I hereby certify that I attended the deceased from May 18, 1947 to May 20, 1947 that I last saw him alive on May 18, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	?
Due to: —	
Due to: —	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: —	
Of autopsy: —	

PHYSICIAN — Underline the cause of 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 Albert Wall (M. D. ~~or other~~)

Address 5322 Helen Ave Date signed 5/20/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Albert Wall

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. Albert E. Hoppe

Licensed Embalmer No. 2371

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.