No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

22101
State File No. 5935
Registrar's No.

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4mos.28ds. (Specify whether years, months or days)
In this community: 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 060
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 918 N. 12th St. (If rural, give location) 9
26
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: CLEVELAND BRYANT
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Male
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Sgl 6
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June 28 1900 (Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 20 If less than one day hr. min.

9. Birthplace: Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation: Janitor
11. Industry or business:

FATHER
12. Name: Riley Bryant
13. Birthplace: Arkansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Malissa Bryant
15. Birthplace: Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant: Clara Robinson
(b) Address: 5400 Arsenals St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park
18. (a) Signature of funeral director: Boyd Bros. Fun. Home
(b) Address: 3704 Finney Ave.
19. (a) JUN 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1947 hour 9.27 minute A. M.

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

Duration

Immediate cause of death:
Due to: General Paresis of the Insane 2½ yrs. x
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: R. Wolfolk (M. D. or other) M. D.
Address: 5400 Arsenal St. Date signed: 6/18/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)
L. FOESTATTER

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 Beatrice Lopez #469, Registered Apprentice No. ....., working under my personal supervision.

Signed Lawrence E Woodson

Licensed Embalmer No. 4341

P. O. Address St Louis 3 Mo.

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.