No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

28899

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7703

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Mary's Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

(c) City or town E. St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. NR 916 North 2nd Street 6
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME EUGENE BRYANT

3. (b) If veteran name war W. W. I

3. (c) Social Security No. 329-10-1828

4. Sex Male 2

5. Color or race Col.

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

6. (b) Name of husband or wife Georgia Bryant

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased October 22, 1892
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 20 If less than one day hr. min.

9. Birthplace Meridan, Mississippi 1
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Hunter Packing Company

FATHER
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Bryant 1
(b) Address 916 N. 2nd St.

17. (a) Burial (b) Date thereof 8-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director C. T. Nash
(b) Address 3847 Page Blvd.

19. (a) AUG 13 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1947 hour 10 minute 45 a.m.

21. I hereby certify that I attended the deceased from Aug 3, 1947, to Aug 10, 1947, that I last saw him alive on Aug 11, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism — Duration 75 min

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Gastro enterostomy Secondary Closure following evisceration

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 0

23. Signature C. M. Jackson (M. D. or other)

Address 1500 S. Bdwy Date signed 8/12/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. 1,
working under my personal supervision.

Signed. M Francis Nash

Licensed Embalmer No. 4434

P. O. Address. 3847 Page Blvd

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.