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 AUG 19 1947

Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29858

Primary Registration District No. 6076

Registrar's No. 1700

1. PLACE OF DEATH:
(a) County: St Louis St Louis
(b) City or town: Wellston Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6210 Wellston (Specify whether
In this community: 66 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: St Louis
(c) City or town: Wellston (If outside city or town limits, write "RURAL")
(d) Street No.: 6210 Wellston (If rural, give location)
(e) Citizen of foreign country? to (Yes or No)
If yes, name country:

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

4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Thos. Bryant
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: 4 (Month) 5 (Day) 1881 (Year)

8. AGE: Years: 66 Months: 2 Days: 2 If less than one day: hr. min.

9. Birthplace: Perry Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: House wife Housewife
11. Industry or business:
FATHER
12. Name: Simon Yount Simon Yount
13. Birthplace: Sparta (City, town, or country) Ill (State or foreign country)
MOTHER
14. Maiden name: Ellen Thompson
15. Birthplace: (City, town, or county) MO (State or foreign country)
16. (a) Informant: Thomas Bryant
(b) Address: 6210 a Wells Ave
17. (a) Burial: Buried (Burial, cremation, or removal) (b) Date thereof: 8/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Father Dickson
18. (a) Signature of funeral director: Susie Lewis
(b) Address: 22 Enright-Velvalz [illegible]
19. (a) 8-11-47 (Date received by local registrar) (b) Carl A. Shaughnessy MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 7 year: 1947 hour: 12 minute: 15 A.M.

21. I hereby certify that I attended the deceased from: Aug 4 1947 to: Aug 7 1947 that I last saw her alive on: Aug 4 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of liver — Due to: Hep f — Due to:

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

Major findings: Of operations: No Of autopsy: No

Duration

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: [illegible] (M. D. or other)
Address: [illegible] Date signed: 8/8/47

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. ..... working under my personal supervision.

Signed A. D. Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.