

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
(Specify whether
 In this community 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad
 (c) City or town St Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4545 Kennerly
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sally Bryant
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female 5. Color or race Colored
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Pete Bryant
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 1 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 24
 If less than one day _____ hr. _____ min.

9. Birthplace Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Albert Street
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Velma Smith
 (b) Address 4545 Kennerly Ave.

17. (a) Removal (b) Date thereof 6-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Dongola, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.

19. (a) JUN 26 1948
(Date received local registrar)
J. F. Breda
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
 year 1948 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from June 16, 19 48 to June 25, 19 46
 that I last saw her alive on June 25, 19 46
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage with right hemiplegia; Hypertensive Heart Disease
 Duration Undet.

Due to _____
 Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy None

PHYSICIAN
 Underline the cause to 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? _____

While at work? _____
 (Specify type of place)
 (a) Means of injury Car & Daniels
 23. Signature Oscar F Daniels (M. D. or other)
 Address 2601 N Whittier St Date signed 6-26-48

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

MOTHER FATHER

JUL 16 1948

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.....

John S. Rennie

Licensed Embalmer No. *4194*

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.