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FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 17121  
Registrar's No. 4469

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,					
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL				d. STREET ADDRESS 1805 SPRING AVE., 17					
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELLEN c. (Last) BRYANT.			4. DATE OF DEATH (Month) (Day) (Year) MAY 18, 1949						
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 12, 1870		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work and number of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) TROY, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME WILLIAM BAIRD.			13b. MOTHER'S MAIDEN NAME SALLY ANN MINTER.		14. NAME OF HUSBAND OR WIFE THOMAS BRYANT.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Miss. Idell Bryant; 1905 Spring Ave.,					
18. CAUSE OF DEATH (State only one cause per line (a), (b), and (c)) <i>Coronary artery disease</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>degenerative heart disease (arteriosclerotic)</i>				INTERVAL BETWEEN ONSET AND DEATH 1 year	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP): TROY (COUNTY) (STATE) MO					
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR H200-					
22. I hereby certify that I attended the deceased from May 2, 1948, to May 13, 1949, that I last saw the deceased alive on May 12, 1949, and that death occurred at 4:45 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Idell Bryant</i>				23b. ADDRESS 3701 Laurel Sq.		23c. DATE SIGNED 5-17-49			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5/20/49	24c. NAME OF CEMETERY OR CREMATORY TROY, CEMETERY		24d. LOCATION (City, town, or county) (State) TROY, ILLINOIS.				
DATE REC'D BY LOCAL REG. MAY 19 1949		REGISTRAR'S SIGNATURE <i>J. B. Basater</i>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.				

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

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**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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 13864

P. O. Address St. Louis, 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.

Division of Health  
Jefferson City,  
Missouri

JUL 5 1949  
1712149

Gentlemen:

We have been informed by the daughter of Mrs. Mary Bryant that a mistake had been made by Dr. Kraus in completing her death certificate - that is, that he stated the date of death as being May 18, 1949 instead of May 17, 1949.

Dr. Kraus is no longer with our organization but we would appreciate your making the change in your records. The hospital records and our office records state the date of death as May 17, 1949.

Thank you very much.

Sincerely,

*A. M. Frank, M.D.*

A. M. Frank, M.D.  
Secretary

AMF:eg

*Eva Schuff*

My Commission Expires July 7, 1952

