

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20831

State File No.

318

1003

Registrar's No. 5555

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>Missouri</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>809^a Rutger</i>				d. STREET ADDRESS (If rural, give location) <i>2-809^a Rutger</i>			
3. NAME OF DECEASED a. (First) <i>JAMES</i>		b. (Middle) <i>T</i>		c. (Last) <i>Bryant</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>6-24-1949</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>about 8 1889</i>	
9. AGE (In years last birthday) <i>37</i>		10. IF UNDER 1 YEAR Months Days		10. IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cooper</i>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Montgomery Alabama U.S.A.</i>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>unk</i>		13b. MOTHER'S MAIDEN NAME <i>unk</i>		14. NAME OF HUSBAND OR WIFE <i>Corra</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Joyce Kessler 809^a Rutger</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERNAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES		DUE TO (b) <i>Heart attack caused by heart</i>					
DUE TO (c) <i>self inflicted in his room at 809^a Rutger</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>an June 24 1949 at about 8:45 am</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Suicide</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Miss.</i>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>June 24 49 8:45 am</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>1/64</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>8:45 am</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Patrick E. Taylor Cor 3</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>6-27-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>6-28-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Fredericktown</i>		24d. LOCATION (City, town, or county) (State) <i>Missouri Mo.</i>	
DATE REC'D BY LOCAL REG. <i>JUN 28 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Fustater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Rowland Montgomery Seaynes 4104 Manhattan St. Louis Mo.</i>			

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

5555

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 _____

Wm. S. Gelfin

Student Embalmer No. *334*

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

Ronald O. Yankie

Licensed Embalmer No. *3917*

P. O. Address *S. Francis*

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.