

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20832

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5358

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 6 yrs		d. STREET ADDRESS (If rural, give location) 12 5351 Delmar	
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Arthur	c. (Last) Bryant	4. DATE OF DEATH (Month) (Day) (Year)
				6 18 49

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Aug-22-1872	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 26 Hours 17 Mins. 9
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10a. USUAL OCCUPATION (Give kind of work done during most of working life or if retired) Druggist	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME William Bryant	13b. MOTHER'S MAIDEN NAME Elizabeth Carey	14. NAME OF HUSBAND OR WIFE?
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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 Iva Hirsch, 5351 Delmar, St. Louis
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		
	ANTECEDENT CAUSES DUE TO (b) Chronic Interstitial Nephritis DUE TO (c)		2 yrs.
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 type="checkbox"/>
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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) (COUNTY) (STATE) St. Louis MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 594X
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22. I hereby certify that I attended the deceased from **5-13-49** to **6-18-49**, that I last saw the deceased alive on **6-18-49**, and that death occurred at **9:30A** m., from the causes and on the date stated above.

23a. SIGNATURE Robert A. ... M.D. (Degree or title)	23b. ADDRESS 508 N. Grand Ave	23c. DATE SIGNED 6-18-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-21-49	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County
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DATE REC'D BY LOCAL REG. JUN 21 1949	REGISTRAR'S SIGNATURE J. B. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Jack Haupt

Student Embalmer No.

237

working under my personal supervision.

Student
Student Embalmer

Signed

Francis Williamson

Licensed Embalmer No.

356 5

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.