No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24603

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6009

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. Louis
c. LENGTH OF STAY (in this place): 25 Yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Peoples Hospital 222I Locust

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 21 ST. Louis 2219

d. STREET ADDRESS (If rural, give location): I356, A. North Glasgow Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Fannie
b. (Middle):
c. (Last): Bryant

4. DATE OF DEATH (Month) (Day) (Year): 7th- I0th- I950

5. SEX: Female 3

6. COLOR OR RACE: Col.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: I2 - 28th, I9I0

9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months 6, Days I2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Domesticts

11. BIRTHPLACE (State or foreign country): LocksBurg Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Samuel Pigues

13b. MOTHER'S MAIDEN NAME: Georgia. Gillium

14. NAME OF HUSBAND OR WIFE: Authur L. Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Authur L. Bryant I356A, No Glasgow

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CHRONIC NEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: ? YEARS.

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 ☐ NO ☑

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): 592X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/12, 1950, *to* 7/10, 1950, *that I last saw the deceased alive on* 7/9, 1950, *and that death occurred at* 12 20 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David Lardman, M.D.

23b. ADDRESS: 539 N. Grand St. Louis

23c. DATE SIGNED: 7/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-15-50

24c. NAME OF CEMETERY OR CREMATORY: Washington Park

24d. LOCATION (City, town, or county) (State): ST. Louis Missouri

DATE REC'D BY LOCAL REG.: JUL 12 1950

REGISTRAR'S SIGNATURE: J. B. Sarter

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Price Funeral Home 2829, Washington. Blv

(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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed .....

Licensed Embalmer No. 4441

P. O. Address 2829 Washing

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.