

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38321

State File No. _____

BIRTH NO. 76261-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9926

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis - Mo.</u>		c. LENGTH OF STAY (in this place) <u>4 hrs. 34 min.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2189
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>18 4135 DONOVAN</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY GIRL</u> b. (Middle) <u>BRYAN</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>11-22-50</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED; NEVER MARRIED, WIDOWER, DIVORCED, SEPARATED _____	8. DATE OF BIRTH <u>11-21-1950</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 Wks. Hours _____ Min. <u>4 34</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Louis - Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Wm Carl - Bryan</u>		13b. MOTHER'S MAIDEN NAME <u>Evoda - Faye - Schaffer</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Wm Bryan - 4135 Donovan City</u>			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGENITAL PTELECTASIS OF BOTH LUNGS.</u> 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. <u>PREMATURE - 6mo. Preg.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs 34 min</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7625</u>	
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22. I hereby certify that I attended the deceased from 9 P.M. 12, 1950, to 1:46 A.M. 22, 1950, that I last saw the deceased alive on 11-22-50, 1950, and that death occurred at 1:46 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. R. Bremser - M.D.</u>		23b. ADDRESS <u>4266 Manchester</u>		23c. DATE SIGNED <u>11-22-50</u>	
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-22-50</u>	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Leasburg, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>NOV 22 1950</u>	REGISTRAR'S SIGNATURE <u>J. M. Kester</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Carl Bryan, Leasburg, Mo.</u>		
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

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.