

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20261

State File No. ....

BIRTH NO. ....

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1003

Registrar's No. ....

4613

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo.				b. COUNTY 2129			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis 0			c. LENGTH OF STAY (in this place) 2 1/2 WKS.	c. CITY OR TOWN St. Louis			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				e. STREET ADDRESS (If rural, give location) 12 4629 Pershing Ave.							
3. NAME OF DECEASED (Type or Print) a. (First) Andrew			b. (Middle) Christy		c. (Last) Bryan		4. DATE OF DEATH (Month) (Day) (Year) May 23, 1954				
5. SEX M. <input type="checkbox"/> W. <input checked="" type="checkbox"/>		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH Oct. 18, 1926		9. AGE (In years last birthday) 27		IF UNDER 1 YEAR Months 6	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Geologist - Houston Oil Corp.			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME P. Taylor Bryan				13b. MOTHER'S MAIDEN NAME Dorothy Wise				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes				16. SOCIAL SECURITY NO. World War # 2		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. P. Taylor Bryan, 4629 Pershing Ave.					
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) Generalized melanomatosis ANTECEDENT CAUSES (b) Stomach, mediastinum, brain, Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) spleen, pelvis, kidneys etc - primary II. OTHER SIGNIFICANT CONDITIONS (d) etc never determined Interval between ONSET AND DEATH about 15 months						INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION 3/10/53		19b. MAJOR FINDINGS OF OPERATION Metastatic melanoma Right axilla ✓						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (COUNTY) (STATE)		190 X					
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?							
22. I hereby certify that I attended the deceased from 3/16, 1953, to 5/7, 1954, that I last saw the deceased alive on 5/23, 1954, and that death occurred at 12 noon, from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Leonard J. M. D. 0				23b. ADDRESS 3710 W. 4th St.				23c. DATE SIGNED 5/24/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 25, 1954		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. MAY 24 1954		REGISTRAR'S SIGNATURE Pearl Smith			FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnell			ADDRESS 10 Lindell Blvd.			

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

(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.....  
Signature of Student Embalmer

Signed *Francis Williamson*.....

Licensed Embalmer No. *35*  
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.