

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11498**

FILED MAY 9 1955

BIRTH NO. _____		REG. DIST. NO. <u>111</u>		PRIMARY REG. DIST. NO. <u>5426</u>		Registrar's No. <u>12</u>			
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Labadie</u>		c. LENGTH OF STAY (in this place) <u>8 yrs.</u>		c. CITY OR TOWN <u>Labadie</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>D0360</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fiddle Creek Rd.</u>				STREET ADDRESS (If rural, give location) <u>Fiddle Creek Rd.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edgar</u> b. (Middle) <u>James</u> c. (Last) <u>Bryant Sr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 2, 1955</u>						
5. SEX <u>male</u> <input type="radio"/>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <u>2</u>		8. DATE OF BIRTH <u>Jan 27 1879</u>			
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>grocer-Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own business</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Centralia, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME _____			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <u>Cecelia E. Elchinger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edgar Bryant Jr. Labadie, Mo.</u> ADDRESS _____				
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIO-VASCULAR-RENAL DISEASE</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC RHEUMATOID ARTHRITIS</u>				DUE TO (c) _____					
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>442X</u>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 <u>MAY 1</u> , 19 <u>55</u> , to <u>MAY 3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>MAY 2</u> , 19 <u>55</u> , and that death occurred at <u>4:15 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>B. R. Loving, MD</u> (Degree or title)				23b. ADDRESS <u>BALLWIN, Mo.</u>		23c. DATE SIGNED <u>5-4-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-5-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>5-9-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader-Funeral Home Ballwin, Mo.</u> ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 22 1955

JUN 2 1955

JUN 1 1955

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 *Richard Bopp*.....

Licensed Embalmer No. *458*

P. O. Address *Baltimore*

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.