

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11772

FILED APR 12 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 780

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Crestwood</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>10043 Crestwood Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>W.</u> c. (Last) <u>Bryan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 20, 1956</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 27, 1886</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>23</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate Salesman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John Bryan</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Gibbons</u>	14. NAME OF HUSBAND OR WIFE <u>Sophia Bryan</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>498-09-5195</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sophia Bryan</u>	ADDRESS <u>10043 Crestwood Dr.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningitis Probably meningococcal</u>		INTERVAL BETWEEN ONSET AND DEATH <u>56 hours</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>Rheumatoid Arthritis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>0570 3603</u>	20. AUTOPSY? YES <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from Jan, 1937, to 3/20, 1956, that I last saw the deceased alive on 3/20, 1956 and that death occurred at 5:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Earl Brand MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Webster Groves, Mo</u>	23c. DATE SIGNED <u>3/21/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-23-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-22-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domb MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoffmeister Colonial Mortuary</u>	ADDRESS <u>6464 Chippewa St. St. Louis 9, 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 em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Linus C. Hoffmann*

Licensed Embalmer No. *38*

P. O. Address *7814 St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.