

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21707

FILED JUN 29 1956

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State File No. ....

Registrar's No. 5573

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 5573	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		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 <b>Homer G. Phillips Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>3006 North Market</b> <span style="float: right;">2119</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sam</b>		b. (Middle) _____		c. (Last) <b>Bryant Jr</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 8 56</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Apr. 5, 1928</b>	
9. AGE (in years last birthday) <b>28</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>3</b>		IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Wabash, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Sam Bryant Sr</b>		13b. MOTHER'S MAIDEN NAME <b>Lillian Whitley</b>		14. NAME OF HUSBAND OR WIFE <b>Louise Bryant</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>3-16-48 to 7-6-50 492-22-8194</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Sam Bryant Sr</b> ADDRESS <b>3052 Cass Ave</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Chronic Glomerulo-Nephritis</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____			
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 <b>5-17-</b> , 19 <b>56</b> , to <b>6-8-</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>6-8-</b> , 19 <b>56</b> , and that death occurred at <b>11:45A.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Edward B. Williams</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>2601 North Whittier</b>		23c. DATE SIGNED <b>6-8-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 13, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 11 1956</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. Randle &amp; Son</b> ADDRESS <b>3133 Bell Ave</b>			

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.....  
Signature of Student Embalmer

Signed *Ether K. Harris*.....

Licensed Embalmer No. *4450*

P. O. Address *4181 Park*

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.