

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8342

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis Mo (No. Christian Hospital)
Registered No. 1994 St. Ward)

2. FULL NAME Infant Bryan
(a) Residence. No. 3925 Sherman Blvd. St. 10 Ward.
(Usual place of abode) (if nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from Feb 8 1929, to Feb 10 1929, that I last saw him alive on Feb 10 1929, and that death occurred, on the date stated above, at 11 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8 1929

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2

Arteriosclerotic insufficiency
157
157
16
Premature
(duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (SECONDARY) Premature
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH... 0

10. NAME OF FATHER George Bryan

DID AN OPERATION PRECEDE DEATH... no DATE OF
WAS THERE AN AUTOPSY... no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Florence H. Bullis, M. D.
, 19 (Address) 5511 CLEMENS COR

12. MAIDEN NAME OF MOTHER Rennie Merry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Missouri
(STATE OR COUNTRY)

14. INFORMANT George Bryan
(Address) 3925 Sherman Place

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Private DATE OF BURIAL Feb 10 1929

15. FILED 1929
FEB 10 1929
Max C. Stork
REGISTRAR

20. UNDERTAKER Math Hermann & Son 2161 Paul Ave

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

