

N. B.—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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

REC'D OCT 12 1938

1. PLACE OF DEATH

(a) County Registration District No. **1008**
(b) Township Primary Registration District No.
(c) City of St. Louis (d) Street No. 1133a St. Ange St. Registered No. **7775**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robina M. Bryant

(a) Residence, No. 1133a St. Ange Street St. **22**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 0 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME T. A. Safriet

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Nanny Eilem

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Charles E. Bryant
1133a St. Ange St

18. BURIAL, CREMATION, OR REMOVAL in Lakewood Pk. Cem. DATE 9/3/38

19. FUNERAL DIRECTOR (ADDRESS) A. W. McLaughlin
2301 Lafayette Avenue

20. FILED J. F. Brederick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/1/38 1938

22. I HEREBY CERTIFY, That I attended deceased from April, 1938, to Aug 31, 1938
I last saw her alive on Aug 31, 1938. Death is said to have occurred on the date stated above, at 6:20 A. M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum ?
LP
Other contributory causes of importance:
Symptomatic complications & metastases of cancer

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) H. G. Moore M. D.
(Address) 10041 50th St

30338
Do not use this space.

STATEMENT BY LICENSED EMBALMER

I, L. S. Cooper

Licensed Embalmer No. 3632

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

L. S. Cooper

Licensed Embalmer No. 3633

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.)