

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

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23805**  
Registrar's No. **6250**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St Louis**  
(c) Name of hospital or institution **Missouri Baptist Hospital /**  
(d) Length of stay: In hospital or institution **3 days**  
In this community **3 days**

3. (a) PRINT FULL NAME **Tola Bryan 6.50**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **George** 6. (c) Age of husband or wife if alive **37** years  
7. Birth date of deceased **Apr 13 1900**

8. AGE: Years **40** Months **3** Days **11** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Steelville Mo**

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Tom Walker**  
13. Birthplace **Mo**  
14. Maiden name **Armanda Coleman**  
15. Birthplace **Mo**

16. (a) Informant's own signature **George Bryan**  
(b) Address **Leasburg Mo**

17. (a) **Burial** (b) Date thereof \_\_\_\_\_  
(c) Place: burial or cremation **Leasburg Mo**

18. (a) Signature of funeral director **E. E. Hoda**  
(b) Address **Bourbon Mo**

19. (a) **JUL 26 1940** (b) **J. F. Bredeck**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Crawford**  
(c) City or town **Leasburg Mo. NR.**  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **24**  
year **1940** hour **8:30** minute \_\_\_\_\_ a. M.  
21. I hereby certify that I attended the deceased from **July 21-1940**  
to **July 24 1940**  
that I last saw her alive on **July 23 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Embolism (Septic)** Duration \_\_\_\_\_  
Due to **Multiple pelvic abscesses - cause**  
Due to **cause unknown**  
**Secondary Pulmonary Abscesses**  
**non suppurative non venereal**  
Other conditions \_\_\_\_\_  
(Include pregnancy within \_\_\_\_\_ months of death)

Major findings: **1396**  
Of operations \_\_\_\_\_  
Of autopsy **pelvic abscesses (Multiple)**  
**and to pyosalpinx (bil.)**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **Lloyd L. Reid** (M. D. or other) \_\_\_\_\_  
Address **2741 Mo Grand** Date signed **7/25/40**

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis, Mo

**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 this body is not embalmed, above space should be left blank.**