

1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39696

State File No. _____

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2269

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether In this community years, months or days) 11 years

3. (a) PRINT FULL NAME Elizabeth Bryant

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex female

5. Color or race colored

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Angus Bryant

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May 22 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>6</u>	<u>9</u>	hr. _____ min.

9. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business None

12. Name Howard Shelby

13. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Octavia Wilson

15. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Angus Bryant

(b) Address Lyons & Bangert

17. (a) Switz (b) Date thereof 12-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director B. O. B. B. B.

(b) Address 1111 1/2 N. 1st St. St. Louis

19. (a) DEC 3 1940 (b) A. P. Kinman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town South Kinloch
(If outside city or town limits, write "RURAL")

(d) Street No. Lyons and Bangert
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1940 hour 3 minute: 40 P. A. M.

21. I hereby certify that I attended the deceased from 11-22-40
19, to 12-1-40, 1940;
that I last saw her alive on 12-1-40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Possible cerebral accident

Due to Probable

Due to _____

Other conditions Hemi plegia from old hemiplegia
Senile atrophic arteriosclerosis

Major findings:
Of operations _____

Of autopsy 5721

Duration 1 hr

PHYSICIAN 6 months

Underline the cause to which death should be charged statistically.

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature A. P. Kinman (M. D. or other) !

Address St. Louis Co. Mo. Date signed _____

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.