

No. 2  
-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39707**

DEC 7 - 1940  
784

Registration District No. \_\_\_\_\_

Primary Registration District No. **104**

Registrar's No. **2263**

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Ferguson  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
401 Adams St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Anna Bryant

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** female **5. Color or race** white

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

**6. (b) Name of husband or wife** William B. Bryant **6. (c) Age of husband or wife if** 5 **years**

**7. Birth date of deceased** March 1869  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>71</u>	<u>8</u>	<u>25</u>	hr. _____ min. _____

**9. Birthplace** Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** Housewife

**12. Name** William B. Bryant

**13. Birthplace** Missouri  
(City, town, or county) (State or foreign country)

**14. Maiden name** Unclear Jones

**15. Birthplace** Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Herbert Bryant

**(b) Address** 401 Adams Ave.

**17. (a) Burial** Burial **(b) Date thereof** Dec. 2, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Memorial Park Cem.

**18. (a) Signature of funeral director** L. M. White

**(b) Address** 118 N. Florissant Rd.

**19. (a) DEC 11 1940** **(b) R. P. McJannet**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

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

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

(d) Street No. 401 Adams Ave.  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Nov day 30  
year 1940 hour 12 minute 30 M.

**21. I hereby certify that I attended the deceased from** 11-19-40 to 11-30-40  
that I last saw h. alive on 11-30-40  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Carcinoma of breast

**Due to** 50

**Other conditions** Metastasis in both lungs  
(Include pregnancy within 3 months of death)

**Major findings:**  
Of operations none  
Of autopsy none

**Duration** 6 years

**PHYSICIAN** \_\_\_\_\_  
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?** no  
(Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature** Roy Johnson **(M. D. or other)** \_\_\_\_\_  
**Address** Ferguson Mo **Date signed** 11-30-40

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**