

No. 2
1-13-40
-17-39
I X23159

FEB 25 1941
Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: **Homer G. Phillips Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 mos 14 days**
(Specify whether)

In this community **10 years**
years, months or days

3. (a) PRINT FULL NAME **Robert Lee Bryant**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **col**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: **May 25 1912**
(Month) (Day) (Year)

8. AGE: Years **28** Months **6** Days **10** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Labor**

11. Industry or business _____

MOTHER FATHER

12. Name **Robert Bryant**

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

14. Maiden name **Dora West**

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

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

(b) Address **3024 Sheridan Ave**

17. (a) **Ship** (b) Date thereof **1-18-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clarksville Tenn**

18. (a) Signature of funeral director **Ellis Funeral Home**

(b) Address **2820 Stoddard St**

19. (a) **JAN 16 1941** (b) **J. T. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **800**

(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **3024 a Sheridan**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **15**
year **1941** hour **6:15** minute _____ AM.

21. I hereby certify that I attended the deceased from **May 31 1940** to **January 15 1941**
that I last saw him alive on **January 15 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** **18 mos**
Duration

Due to _____

Due to _____

Other conditions **18 mos**
(Include pregnancy within 3 months of death)

Major findings: **18 mos**
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **18 mos**

23. Signature **O. G. G. G.** (M. D. or other) _____
Address **2601 N Whittier** Date signed _____

1/15/41

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.....

L. Boykin
Larry
Lommie Boykin

Licensed Embalmer No. _____

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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, fact should be so stated above.