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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

MAY 13 1941

State File No. 12648

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3078

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1406 So. Newstead
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009 17 189

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

(d) Street No. 1406 So. Newstead Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Infant Bryant

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Sing 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April 8 1941
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. 45 min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name Thomas Bryant

13. Birthplace Sligo Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Anna Dunlap

15. Birthplace Davisville Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Bryant

(b) Address 1406 So Newstead Ave.

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

(c) Place: burial or cremation Cherryville Mo.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester Ave.

19. (a) APR - 8 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day April year 1941 hour minute 10 A.M.

21. I hereby certify that I attended the deceased from 4-8- 1941, to 4-8- 1941; that I last saw h— alive on Did not breathe and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Still Born	
Due to Congestion of bronchial tubes	
Due to fluid -	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.

Address 4559 Cadet Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Not embalmed

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

working under my personal supervision.

Signed Thomas Eynck

Licensed Embalmer No. 1284

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.