

No. 2
-1-4-41
5-17-39
I X283

AUG 28 1941 791

Primary Registration District No. **1003**

Registrar's No. **6262**

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(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:
St. Louis Children's Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3128 N 13th Str
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bryan, Shirley

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 0

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

7. Birth date of deceased July 17th 1933
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 7 day 29
year 1941 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from 7-21-41 19 to 7-29-41 19
that I last saw her alive on 7-29-41 19
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

8	0	12	hr. min.
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Immediate cause of death: Bronchopneumonia, Terminal
following
Due to Rheumatic Heart Dis =
severe
Due to Conjunctive Heart Failure

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

10. Usual occupation _____

11. Industry or business _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Albert Bryan

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

14. Maiden name Loretta Hopkins

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

16. (a) Informant Albert Bryan

(b) Address 3128 N 13th Str

17. (a) burial (b) Date thereof Aug. 1st '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

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? _____

18. (a) Signature of funeral director Henry Leidner Und. Co

(b) Address 2223 St. Louis Ave

19. (a) Aug 30 1941 (b) J. T. Bradley
(Date of burial or removal) (Registrar's signature)

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

23. Signature J. T. Bradley M. D. or other _____
Address St. Louis Children's Hosp. Date signed _____

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 John P. Bushholz
Licensed Embalmer No. 16740
P. O. Address 2270 Soliman Ave

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.