No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 3 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36168

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2180

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Robert Koch 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 181 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County — 000

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 1807 Delmar Ave. 9 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Mary E. Bryant

3. (b) If veteran, name war —

3. (c) Social Security No. Yes (?)

4. Sex F.

5. Color or race W.

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

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

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

7. Birth date of deceased 4 (Month) - 4 (Day) - 1912 (Year)

8. AGE: Years 29 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Cape Girardeau Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business —

FATHER
12. Name George McMillan
13. Birthplace ? (City, town, or county) ? (State or foreign country)

MOTHER
14. Maiden name Anna Smith
15. Birthplace ? (City, town, or county) ? (State or foreign country)

16. (a) Informant Robert Koch Hospital

(b) Address Records

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 27, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director A. Kron L+U Co

(b) Address 2707 N Grand Blvd

19. (a) OCT 27 1941 (Date received local registrar) (b) E. G. McGarron MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1941 hour 9 minute 55 a M.

21. I hereby certify that I attended the deceased from 4-25-41, 19, to 10-26-41, 19; that I last saw her alive on 10-26-41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 11 mo. approx.

Due to —

Due to —

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.

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 William Shanley (M. D. or other) AD

Address Koch Hosp Date signed 10-26-41

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2631

P. O. Address 2707 N. [illegible]

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

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