S. No. 2
M—4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16014

State File No. 5078

FILED JUN 22 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

000 17 9

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 3315 Market St 1 (If not in hospital or institution, write street number or location)

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

In this community 12 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 18 0 0 17

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

(d) Street No. 3315 Market St. (If rural, give location)

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

3. (a) PRINT FULL NAME EMMA B BRYANT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ married 1

6. (b) Name of husband or ~~wife~~ C. N. Bryant

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 5 (Month) 1 (Day) 1869 (Year)

8. AGE: Years 73 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tenn 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Ballard
13. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)

MOTHER
14. Maiden name Elizabeth Walker
15. Birthplace Nashville (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant E M Bryant

(b) Address 3315 Market St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 11 (Day) 42 (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Sloten & Sons

(b) Address KIRKWOOD, Mo.

19. (a) JUN 11 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 5th day year 1942 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from May 1st, 1942 to June 5th, 1942 that I last saw her alive on June 3rd, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypotension Enlarged Heart. Hardening of Arteries with infirmities of age

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration 2 yrs.

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 E C Donnelly (M. D. or other) 0

Address 239 E Kirkham Ave 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.