

FILED AUG 20 1942

1003

Registrar's No. 6741

Registration District No. 791 | Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County 090 St. Louis

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

(c) Name of hospital or institution:  
4513 McMillan  
(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)

3. (a) PRINT FULL NAME JESSIE CAROLINE BRYANT

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, ARRIED

6. (b) Name of husband or wife CHAS A BRYANT 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased OCT 8 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>10</u>	<u>0</u>	hr. min.

9. Birthplace BOND COUNTY ILL.  
(City, town, or county) (State or foreign country)

10. Usual occupation NURSE

11. Industry or business.....

12. Name DWIGHT A WISE

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

14. Maiden name Clara Clementine Emery

15. Birthplace BOND County, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles A. Bryant

(b) Address 4513 McMillan

17. (a) Removal (b) Date thereof 8/11/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Ave.

19. (a) AUG 10 1942 J. J. Bonleak  
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4513 McMillan  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8th  
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from 8/11-42 19. to 8/8-42 19. ;  
that I last saw him alive on 8/8-42 19. ;  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Acute Degenerative myocarditis

Due to Acute Resp infection

Due to Chronic myocarditis

Other conditions (include pregnancy within months of death).....

Major findings:  
Of operations [Signature]

Of autopsy [Signature]

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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) (c) Means of injury.....

23. Signature R. K. Anderson (M. D. or other) [Signature]

Address 4932 Maryland Date signed 8/10/42

DR. J. K. ANDREWS 4932 Maryland

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

MOTHER FATHER

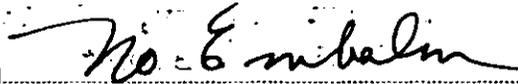
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**STATEMENT BY LICENSED EMBALMER**

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.....

.....  
P. O. Address.....

**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.**