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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25716

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6828

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12 6 11
(c) City or town St, Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4514 Easton
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Bryant

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April (Month) 26 (Day) 1876 (Year)

8. AGE: Years 66 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Cape Gerardeau (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Daniel Basancenez

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Elfinda Gibbons

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Frank Bryant
(b) Address 4514 a Easton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 15 (Day) 42 (Year)
(c) Place: burial or cremation New Pickers

18. (a) Signature of funeral director Jay B Smith
(b) Address 7456 Manchester

19. (a) AUG 1 2 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12, year 1942 hour 11:55 minute A. M.

21. I hereby certify that I attended the deceased from July 30, 42, 19..., to August 12, 42, 19...; that I last saw her alive on August 12, 19 42 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertensive Heart Disease	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Thrombosis of r. art. lenticulo striat. Nephrosclerosis	

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 0

23. Signature Leo Wade (M.D. or other)
Address 1515 Lafayette Avenue Date signed 8/12/42

(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 H. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.