

No. 2
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5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

28576

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No. 8042

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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)

In this community 52 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 11 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. 4604 Cottage
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ida Bryant

3. (b) If veteran; name war

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 1873 years

7. Birth date of deceased Unavailable - 1873
(Month) (Day) (Year)

8. AGE, Years	Months	Days	If less than one day
About 69			hr. min.

9. Birthplace Unavailable - Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Unavailable

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

14. Maiden name Anna Goodman

15. Birthplace Unavailable Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Rice

(b) Address 4604 Cottage Avenue

17. (a) Burial (b) Date thereof 9/28/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finner Avenue

19. (a) SEP 28 1942 (b) J. J. Buel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23,
year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from September 10, 1942 to September 23, 1942
that I last saw her alive on September 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Hypertrophy-Hypertensive
Bronchopneumonia Terminal

Due to

Due to

Other conditions
(Includes pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Terminal

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? (c) Means of injury

23. Signature J. E. Smith (M. D. or other) W

Address 2601 Whittier Date signed 9/25/42

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

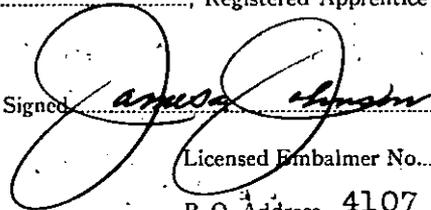
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

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.