

FILED SEP 28 1943 318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **8333**

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:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 27 days
(Specify whether)
 In this community Indef.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 3312 Franklin
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME Effie Bryant
 3. (b) If veteran, name war _____ 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September day 17,
 year 1943 hour 2 minute 10 P. M.
 21. I hereby certify that I attended the deceased from August
21, 1943 to September 17, 1943;
 that I last saw her alive on September 17, 1943;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife James Mc. Minn. 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 10, 1890
(Month) (Day) (Year)

Immediate cause of death _____
Autopsy: Fistula in Ileum
P. O. Radiation Ileitis Duration
6 mos.

8. AGE: Years 53 Months 2 Days 7 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Housework

11. Industry or business at home

Major findings: Of operations _____

MOTHER FATHER

12. Name George Bryant

13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

14. Maiden name Anna Tunner

15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Alice Renfro
 (b) Address 3312 Franklin ave

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

17. (a) Burial (b) Date thereof 9/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____

(c) Place: burial or cremation Father Dickson

(b) Date of occurrence _____

18. (a) Signature of funeral director C.W. Roberts

(c) Where did injury occur? _____
(City or town) (County) (State)

(b) Address 3035 Lucas ave
 19. (a) SEP 20 1943 (b) J.F. Bradach
(Date received from registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
 (e) Means of injury 0

23. Signature H. L. Smiley (M. Director)
 Address 2601 W. Hittley Date signed 9/20/43

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

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 *Fulton E. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *St Louis 13, Mo*

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.