

FILED MAY 9 1944 18

1003

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 3866

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:
St. Louis Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution From 4-11-1944
4-24-1944. (Specify whether
In this community 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. 3041A Easton Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Bryant

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased Sept 26th 1930
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 6 28 hr. min.

9. Birthplace Osceola Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business

12. Name CLEVELAND BRYANT
13. Birthplace MERIDIAN, MISSISSIPPI
(City, town, or county) (State or foreign country)
14. Maiden name LESTER TYLER
15. Birthplace ENGLAND ARKANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant Edith V. Minor
(b) Address 5600 Arsenal Street

17. (a) Burial (b) Date thereof 4-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. F. Prudeck & Son

(b) Address 3133 Betty Ave

19. (a) APR 26 1944 (b) J. F. Prudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 24 day
year 1944 hour 7 minute 30P.M.

21. I hereby certify that I attended the deceased from April 11,
1944, 19 to April 24, 1944;
that I last saw him alive on April 24, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death tubercular meningitis Duration
lung involvement 7 days
12h

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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?

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

23. Signature Harold J. Prudeck (M. D. or other) MD
Address 5600 Arsenal St. Date signed 4-25-44

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2698*

P. O. Address. *2769 4th Ave*

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.