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K35697

ED MAY 8 1944
Registration District No. 57

Primary Registration District No. 3066

State File No. _____
Registrar's No. 1030

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
243 Electric - St 1
(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)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Kirkwood Al
(If outside city or town limits, write "RURAL")

(d) Street No. 243 Electric St 14
(If rural, give location)

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

3. (a) PRINT FULL NAME LARRY GENE BRYANT

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1944 hour 12:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased March 28 1944
(Month) (Day) (Year)

Immediate cause of death Marasmus, malnutrition Duration _____

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

1 32 _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Marshall Bryant

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

14. Maiden name Margie Wideman

15. Birthplace Salem Park Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy yes 158

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

16. (a) Informant Marshall Bryant Kirkwood

(b) Address 243 Electric St. Daley Park Mo

17. (a) Burial (b) Date thereof 5/2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair mo

18. (a) Signature of funeral director Louis H. Bayne

(b) Address Kirkwood Mo

19. (a) MAY 4 - 1944 (b) E. J. no Savan mo
(Date received local registrar) (Registrar's signature)

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 Joseph Manning (City or other) St. Louis County Mo
Address _____ Date 4/30/44

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.....

Licensed Embalmer No. *4343*

P. O. Address..... *7415 Zephyr Pl
Brookwood, N*

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.