

S. No. 2
M-2-43
v. 5-17-39
X35697

FILED JUN 26 1946
318

State File No. _____
Registrar's No. 5437

Registration District No. _____
Primary Registration District No. 1003

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: 321 Belt
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 321 Belt
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 17
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM JAMES SAMUEL BRYAN

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Grace Alice Kitchen

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased: March 12 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>3</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Public Schools

MOTHER FATHER { 12. Name Wm. Bryan

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

14. Maiden name Martha How
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. W. J. S. Bryan

(b) Address 321 Belt

17. (a) Burial (b) Date thereof 6-20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar

19. (a) JUN 19 1946 (b) J. F. Breuck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1946 hour 1:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1941
19 _____ to Feb 2 19 46

that I last saw him alive on Feb 2 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 3 hours

Due to General and cerebral arterio-sclerosis

Due to _____

Other conditions 8/3
(Include procedure within 3 months of death)

Major findings: _____
Of operation _____

Of autopsy _____

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) _____
(c) Means of injury _____

23. Signature Joseph E. Cook (M. D. or other) _____

Address: 508 N. Grand Date signed 6/19/46

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

20443

Cook
and

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 Joseph M. Cullon

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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.