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5-17-39  
P-1 X37822

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED** OCT 31 1946

**STANDARD CERTIFICATE OF DEATH**

31695

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **8332**

**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: City Hospital.  
(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 Missouri. (b) County St. Louis, **96**  
(c) City or town Richmond Heights..  
(If outside city or town limits, write "RURAL") **NR 8**  
(d) Street No. 7705 Lile Ave., (If rural, give location) **12**  
(e) Citizen of foreign country? NO. (Yes or No) **0**  
If yes, name country \_\_\_\_\_ **1**

3. (a) PRINT FULL NAME ARTHUR OTIS BRYANT.

3. (b) If veteran, name war no 3. (c) Social Security No. 488-01-0075

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

6. (b) Name of husband or wife Mary Bryant. 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug. 4 1875 (Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cowden, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Checker;

11. Industry or business Pepsi Cola Co.

12. Name Bryant.

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

14. Maiden name unknown

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

16. (a) Informant A.O. Bryant, Jr.

(b) Address 7705 Lile Ave.,

17. (a) Burial (b) Date thereof 9/30/46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmas Bly'd.

19. (a) SEP 27 1946 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 27 year 1946 hour 9 minute 30 a.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.

Immediate cause of death \_\_\_\_\_

Due to Coronary Thrombosis

Due to 94A

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

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

Signature Patrick T. Taylor (M. D. or other) **3**

Address Deputy Coroner Date signed 9.27.46

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

30400

**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 Clarence H. Murray  
Licensed Embalmer No. 4011  
P. O. Address St. Louis 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.**