

17-39
X47070

FILED APR 14 1947

Registration District No. 2

Primary Registration District No. 3063

State File No.

Registrar's No. 791

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 hrs. 10 min
 In this community 2 hrs. 10 min (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Webster Grove
 (If outside city or town limits, write "RURAL")
 (d) Street No. 905 Truesdale Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Bryant, Baby Girl # II
 3. (b) If veteran, name war _____ No. _____
 3. (c) Social Security No. _____

4. Sex F 5. Color or race cd. 6. (a) Single, widowed, married, divorced SD
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 1 - 16 - 47
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hr. 10 min.

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

10. Usual occupation None

11. Industry or business None

12. Name Lewis H. Bryant Jr.
 13. Birthplace Webster Grove Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Eleanor Stanley
 15. Birthplace Shreve Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lewis Bryant
 (b) Address above

17. (a) Cremation (b) Date thereof 11 47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation no crematory

18. (a) Signature of funeral director Gas Ryan
 (b) Address 5800 Arsenal St.
 19. (a) 4-7-47 (b) Clayton, Mo.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 16
 year 1947 hour 30 minute 05 A.M.
 21. I hereby certify that I attended the deceased from January 16
1947 to January 18 1947;
 that I last saw her alive on January 16 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
 Due to 159
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 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)
 (e) Means of injury 0
 23. Signature Fremont P. Kah (M. D. or other) MD
 Address _____ Date signed _____

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

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

W. H. H. H.

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.....

P. O. Address.....

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.