

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14512**
Registrar's No. **3278**

FILED APR 23 1948

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Windsor Hotel, 4209 Lindell 3**
(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** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis, Mo.** (If outside city or town limits, write "RURAL")
(d) Street No. **4209 Lindell**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Edith L. O'Bryant**

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

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced..... **D. 3**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Sept. 2 1900**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	7	2br.....min

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

10. Usual occupation..... **Proof Reader**

11. Industry or business..... **Christian Board of Publication**

MOTHER FATHER { 12. Name..... **Henry C. Junghaus**
13. Birthplace..... **Carlinsville, Ills.** (City, town, or county) (State or foreign country)
14. Maiden name..... **Edith May White**
15. Birthplace..... **Lone Tree, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant..... **Jos. B. O'Bryant, Jr.**
(b) Address..... **18 Bopp Road**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **4-6-1948**
(Month) (Day) (Year)
(c) Place: burial or cremation..... **Laurel Hill Cem.**

18. (a) Signature of funeral director..... **Alexander Gno**
(b) Address..... **6175 Delmar**

19. (c) **APP 5 1948** (Date received local registrar's signature) (d) **J. P. Braddock** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4** year **1948** hour **13** minute **15 P.M.**

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

Immediate cause of death..... **Chronic Interstitial Nephritis; Anuria**
Due to..... **five**

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

PHYSICIAN
Major findings: Of operations.....
Of autopsy.....
Underline the cause of 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?..... (Specify type of place)
While at work?..... (e) Means of injury.....
23. Signature..... **Patrick E. Taylor** (M. D. or other) **3 before**
Address..... **1300 Clark** Date signed..... **4/5/48**

WRITE PLAINLY—USING 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

Jos. E Mculloch

Licensed Embalmer No.

2460

P. O. Address

6175 Pellmar

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.