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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1948
577

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14836
Registrar's No. 1212

Registration District No. 577

Primary Registration District No. 2063

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

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:
8016 Seminole Ave
(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)

3. (a) PRINT FULL NAME Othello L. Bryan
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie Bryan 6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased 12/3/1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 5 8 hr. min.

9. Birthplace Xenia Ill /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Accountant

11. Industry or business General Outdoor Advertising Co

MOTHER, FATHER { 12. Name John S. Bryan
13. Birthplace Indiana /
(City, town, or county) (State or foreign country)
14. Maiden name Harriet Hartman
15. Birthplace Indiana /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jos. Jannuzzo
(b) Address 8016 Seminole Ave

17. (a) Entombment (b) Date thereof 5/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director Robert J. Ambruster Inc
(b) Address 6633 Clayton Road

19. (a) 5-10-48 (b) Joseph Jannuzzo
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1252 Lafayette Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th
year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from May 1 1948, 19 to May 11th, 19 48
that I last saw him alive on May 10th, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis.
Pyelitis.
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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) (c) Means of injury 0 M.D
23. Signature L. Hayden (M. D. or other)
Address 5899 Delmar Ave Date signed 5/12/48

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..... *Ernest W. Spillius*

Licensed Embalmer No. *4080*

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:.....