

S. No. 300
OM-10-47
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I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 24 1948 318
Registration District No.

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **37926**
Registrar's No. **9858**

Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6015 Potomac St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL") 0
(d) Street No. 6015 Potomac St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME EARL BRYANT
(b) If veteran, name war No
(c) Social Security No. 328-03-1303

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 12
year 1948 hour 3 minute 45 A.M.
21. I hereby certify that I attended the deceased from Dec. 1
1947 to Nov 12, 1948
that I last saw him alive on Nov-12, 1948
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
(b) Name of husband or wife Hilda Bryant
(c) Age of husband or wife if alive 47 years
7. Birth date of deceased August 26 1891
(Month) (Day) (Year)

Immediate cause of death..... Status Asthmaticus. Duration 2 hrs.
Due to Arteriosclerosis of Aorta 5 yrs.
Due to 0
Other conditions None
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
57 2 16 hr. min.
9. Birthplace Indianapolis Ind. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Precision Engineer

Major findings: None.
Of operations.....
Of autopsy Arteriosclerosis of Aorta.
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business Knapp Monarch
12. Name Elvin C. Bryant
13. Birthplace Michigan 1
(City, town, or county) (State or foreign country)
14. Maiden name Emily Wiselogel
15. Birthplace Michigan 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Hilda Bryant
(b) Address 6015 Potomac
17. (a) Burial (b) Date thereof Nov. 15, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
C. Hoffmeister Colonial Mortuary
18. (a) Signature of funeral director.....
(b) Address 6464 Chippewa St.
19. (a) NOV 13 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

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 J. B. Lasater (M. D. or other)
Address 15047 Grand Date signed 11/12/48

Dr. Lux Bock
1504 So. Grand

mlc

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 *Harry J. Schumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address *7814 S. Broadway*.....

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.