S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37927

Registration District No. FILED DEC 2 1948 818

Primary Registration District No. 1005

Registrar's No. 10055

WRITE PLAINLY—USING 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 4419 a MAFFITT
(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 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4419 a MAFFITT AVE
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HELEN BRYANT

3. (b) If veteran, name war ✓

3. (c) Social Security No. —

4. Sex FEMALE 3

5. Color or race COL.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SAMUEL BRYANT

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased MAR. (Month) 7 (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	8	12	hr. min.

9. Birthplace EAST ST. LOUIS (City, town, or county) ILL (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name VANCE COLEMAN
13. Birthplace ? (City, town, or county) ILL (State or foreign country)

MOTHER
14. Maiden name ESTELLA
15. Birthplace ? (City, town, or county) ILL (State or foreign country)

16. (a) Informant SAMUEL BRYANT
(b) Address 4419 a MAFFITT AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation FATHER DICKSON CEM.

18. (a) Signature of funeral director A.F. WALTON
(b) Address 2707 STODDARD ST.

19. (a) NOV 20 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19
year 1948 hour 4:45 minute A.M.

21. I hereby certify that I attended the deceased from Oct 20 1948 to Nov 18 1948
that I last saw her alive on Nov 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiac Disease

Due to Decompensation

Due to

Other conditions No
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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 R. Haskell (M. D. or other)
Address 4270 a H. Finney Date signed 11/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.