No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42008

Registration District No. FILED DEC 31 1948 3487

Primary Registration District No. 3069

Registrar's No. 2830

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1330 Argus 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 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis 8

(c) City or town Richmond Heights 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1330 Argus Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME BRYANT, Sarah

3. (b) If veteran, name war ---

3. (c) Social Security No. ----

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife John Bryant

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased Unknown about 1893
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Unk-abt 55			hr. min.

9. Birthplace Poplarville (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Edward Moses
13. Birthplace Spring Cottage (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Harriet Pittman
15. Birthplace Poplarville (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Alonzo Peters
(b) Address 1330 Argus Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.

19. (a) 12-8-48 (Date received local registrar) Thurid V. Lunger MD (Registrar's signature) No. 5

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 4,
year 1948 hour 6 minute 10 A. M.

21. I hereby certify that I attended the deceased from Nov. 20, 1948, to Dec. 4, 1948
that I last saw her alive on Dec. 4, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	3 days
Due to 94a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature P. H. Words (M. D. or other) MD
Address 4448 Easton Date signed 12/4/48

(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.....

Licensed Embalmer No. 4259

P. O. Address 4107 7

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.