

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42324

State File No. 10642  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>2930 Thomas</i> b. COUNTY <i>MO</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
c. LENGTH OF STAY (In this place) <i>10</i>		d. STREET ADDRESS (If rural, give location) <i>2930 Thomas</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home Phillips Hosp</i>			

3. NAME OF DECEASED a. (First) <i>Elaine</i> b. (Middle) <i>Ray</i> c. (Last) <i>Bryant</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>12 16 1949</i>		
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5. SEX <i>F</i>		6. COLOR OR RACE <i>Colored</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>		8. DATE OF BIRTH <i>Dec 24 1946</i>		9. AGE (In years last birthday) <i>2</i> If UNDER 1 YEAR: Months <i>12</i> Days <i>16</i> If UNDER 1 YEAR: Hours <i></i> Min. <i></i>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>St Louis Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>MO</i>	
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13a. FATHER'S NAME <i>Reamon Bryant</i>		13b. MOTHER'S MAIDEN NAME <i>Reamon Gray</i>		14. NAME OF HUSBAND OR WIFE <i></i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Richard Woods</i>		ADDRESS <i>2235 Pers</i>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Shock, Part and split thickness lacerations of body when her clothing burst at fire stove in kitchen of her home. Dec 10 1949</i>				INTERVAL BETWEEN ONSET AND DEATH <i></i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Due to</i> <i>burn</i> <i>2:15 PM</i>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>no damage to building or contents</i>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>contents</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <i>St Louis MO</i>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Dec 10 49 7:15 PM</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>fall</i>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *11:15 P.M.*, from the causes and on the date stated above. *11*

23a. SIGNATURE <i>Patrick E. Taylor</i> (Degree or title) <i>Cor</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>12-14-49</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12/15/49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis County MO</i>	
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DATE REC'D BY LOCAL REG. <i>DEC 12 1949</i>		REGISTRAR'S SIGNATURE <i>J B Foster</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W H Jones</i>		ADDRESS <i>1227 Ward</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

91 18 8  
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 22 21 9461  
~~07 27 8461~~  
 07 22

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clarence Cross

Licensed Embalmer No. 4755

P. O. Address 1221 7th Street

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.