

FILED MAY 17 1950 STANDARD CERTIFICATE OF DEATH

State File No. 18031

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4101

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) 21 ST. LOUIS 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION PRONOUNCED DEAD AT HOMER B. Phillips		d. STREET ADDRESS (If rural, give location) 2925 LUCAS, AVE	
3. NAME OF DECEASED (Type or Print) ELIZABETH - BRYANT			4. DATE OF DEATH (Month) (Day) (Year) MAY 2 1950
5. SEX FEMALE 3	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 2	8. DATE OF BIRTH DEC. 8 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) (Specify) 67
11. BIRTHPLACE (State or foreign country) TENN.		12. CITIZEN OF WHAT COUNTRY? U.S.-A.	
13a. FATHER'S NAME GEORGE BROWN		13b. MOTHER'S MAIDEN NAME CHARLOTTE ?	14. NAME OF HUSBAND OR WIFE -
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 LULA WILLIAMS 4651 Mc MILLAN

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSIVE HEART DISEASE DUE TO (c) NONE		1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION -	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443X

22. I hereby certify that I attended the deceased from 4-22, 1950, to 5-2, 1950, that I last saw the deceased alive on 5-2, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Henry E. Hampton	(Degree or title)	23b. ADDRESS 7378 Market St.	23c. DATE SIGNED 5-4-50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE MAY-5-1950	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REG. 5-6-1950	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE English Und. Co	ADDRESS 2936 Lucas
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(Licensed Embalmer's Statement on Reverse Side)

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

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-----

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Beorleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas

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.