

St. No. 300  
V. 10.48

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18945

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1234

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Manchester</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Manchester</b>	
c. LENGTH OF STAY (In this place) <b>3 years</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 14, 1950</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Manchester Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>Manchester Nursing Home</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GENEVIEVE</b> b. (Middle) <b>BRYAN</b> c. (Last) <b>BRYAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 14, 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Jan. 1876</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>4</b> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School Teacher</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Guy Bryan</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen Harrison</b>	14. NAME OF HUSBAND OR WIFE <b>not married</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Manchester, Mo. Manchester Nursing Home Records</b>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ch. Myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gen'l arteriosclerosis</b> DUE TO (c) <b>Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Decubitus</b>		20. AUTOPSY? <b>recent</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>922.1</b>		YES <input type="checkbox"/> NO <input 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?

22. I hereby certify that I attended the deceased from Feb, 1946, to May 14, 1950, that I last saw the deceased alive on May 12, 1950, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Ed Denny, MD</b> (Degree or title)	23b. ADDRESS <b>Creve Coeur, Mo 5-15-50</b>	23c. DATE SIGNED
--	---	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/16/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery St. Louis, Mo.</b>	24d. LOCATION (City, town, or county) (State)
---	--------------------------	---	---

DATE REC'D BY LOCAL HEALTH DEPT. <b>MAY 15 1950</b>	REGISTRAR'S SIGNATURE <b>Hubert Blomke, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Louis H. Bopp, Inc. Kirkwood, Mo.</b>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

1-1304000

**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 Felix Alvarado

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 Mo

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.