

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32007**

FILED SEP 21 1951

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **3149**

40022
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY (If outside corporate limits, write RURAL and give township) 9 Kinloch 4091	
c. LENGTH OF STAY (in this place) 27 days		d. STREET ADDRESS (If rural, give location) Edsel Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) CALVIN b. (Middle) _____ c. (Last) BRYANT			4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1951		
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH 7 July 1897		9. AGE (to years last birthday) 54		10. UNDER 1 YEAR Months 2 Days 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Alabama	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Robert Bryant		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) World War I		16. SOCIAL SECURITY NO. 421-03-4927		17. INFORMANT'S SIGNATURE OR NAME Jeremiah Bryant, So Kinloch Mo	
				ADDRESS _____	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of bladder & metastasis				INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
		ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 181X					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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 **8-16-**, 19**51**, to **9-13-**, 19**51**, that I last saw the deceased alive on **9-13-**, 19**51**, and that death occurred at **11:12** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John A. Byrne, M.D.		23b. ADDRESS 601 S. Brentwood - Clayton Mo		23c. DATE SIGNED 14 Sept 51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-18-51		24c. NAME OF CEMETERY OR CREMATORY NATIONAL	
				24d. LOCATION (City, town or county) (State) Jefferson Brks, Mo	

DATE REC'D BY LOCAL REG. 9-14-51		REGISTRAR'S SIGNATURE Hubert P. Jomke, MD		25. FUNERAL DIRECTOR'S SIGNATURE Boyd Bras	
				ADDRESS Kinloch	

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 Edward A Flynn

Licensed Embalmer No. 4444

P. O. Address 4548^a Page

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.