

FILED DEC 1 1951

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State File No. 10232

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2189

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital  
10. STREET ADDRESS (If rural, give location) 3305 Rutgae St

3. NAME OF DECEASED (Type or Print) a. (First) Leatta b. (Middle) \_\_\_\_\_ c. (Last) Bryant 4. DATE OF DEATH (Month) (Day) (Year) Nov. 11 1951

5. SEX M 6. COLOR OF RACE Col 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Oct 8 1899 9. AGE (In years last birthday) Months Days Hours Min. 52

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) Domestic 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Ark 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Wesley Woodruff 13b. MOTHER'S MAIDEN NAME Anna Blain 14. NAME OF HUSBAND OR WIFE George Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME George Bryant ADDRESS 3305 Rutgae St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Thrombosis INTERNAL TEMP. ONSET AND DEATH Undet.  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
DUE TO (b) Hypertensive Arteriosclerosis " "  
DUE TO (c) Nephrosclerosis " "  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis and Broncho-Pneumonia Undet.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 446X

22. I hereby certify that I attended the deceased from 9-19, 1951, to 11-11, 1951, that I last saw the deceased alive on 11-11, 1951, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE L. A. ... (Degree or title) M. D. 23b. ADDRESS 2601 N Whittier St. 23c. DATE SIGNED 11-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_ 24b. DATE 11 14 1951 24c. NAME OF CEMETERY OR CREMATORY New Park 24d. LOCATION (City, town, or county) (State) Ark

DATE REC'D BY LOCAL REG. NOV 16 1951 REGISTRAR'S SIGNATURE J. ... 25. FUNERAL DIRECTOR'S SIGNATURE A. H. ... ADDRESS 212 Carroll St

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Leroy W. Jannister*

Licensed Embalmer No. *4523*

P. O. Address *2880 Easton Ave*

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.