

LED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42960
State File No.
Registrar's No. 11611

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 11611			
1. PLACE OF DEATH a. COUNTY _____				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) OR TOWN _____		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 27 2323a Franklin Ave					
d. FULL NAME OF HOSPITAL OR INSTITUTION BOYER G. PHILLIPS HOSPITAL				3. NAME OF DECEASED a. (First) Zelonia b. (Middle) Bryant c. (Last) Goodman		4. DATE OF DEATH (Month) (Day) (Year) Dec 24 1951					
5. SEX Female		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Seperated		8. DATE OF BIRTH Feb 4 1917		9. AGE (In years last birthday) 34 10. 10 11. 20			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY -			11. BIRTHPLACE (State or foreign country) Dearman Ark		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Charlie A. Bryant			13b. MOTHER'S MAIDEN NAME Clara Little			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) No			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME Clara Bryant ADDRESS 2323a Franklin Ave					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				II. OTHER SIGNIFICANT CONDITIONS _____							
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Primary Tuberculosis							
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" 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) (Min.) _____					
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? no 2X									
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 600 P. m. , from the causes and on the date stated above.											
23a. SIGNATURE Catrick E. Taylor (Degree or title) Coroner				23b. ADDRESS 1300 Clark Avenue				23c. DATE SIGNED 12 27 51			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE Dec 29 51		24c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Co Mo					
DATE REC'D BY LOCAL REG. DEC 28 1951		REGISTRAR'S SIGNATURE J. Earl Smith			25. FUNERAL DIRECTOR'S SIGNATURE J.H. Randle & Son ADDRESS 3133 Bell Ave						

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

STATEMENT BY LICENSED EMBALMER

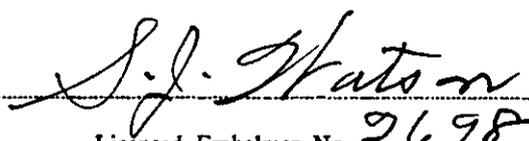
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 2698

P. O. Address. 2769 Chautauque

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.