

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5981

State File No. ....

FILED MAR. 4. 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1289

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION. Ewing and Market Streets		e. STREET ADDRESS (If rural, give location) 21 906 N. 21st				
3. NAME OF DECEASED (Type or Print) a. (First) Garfield b. (Middle) c. (Last) Bryant			4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1954			
5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 21, 1905	9. AGE (In years last birthday) 49	10. INTERVAL BETWEEN ONSET AND DEATH Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician		10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and State or Foreign Country) Casesko, Mississippi		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME Luray Bridges		
14. NAME OF HUSBAND OR WIFE none		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 Charles Bridges, 4049 Washington		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* Fracture of Skull; Subdural Hemorrhage when struck by auto driven by one Charles Bond, Jr. at intersection of Ewing and Market Street about 1905 (see July 7, 1954) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Criminal Carelessness		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Casesko Street		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo		21c. HOW DID INJURY OCCUR? see E8124		
21d. TIME OF INJURY July 7 54 12A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
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 _____ m., from the causes and on the date stated above. 25						
23a. SIGNATURE Patrick L. Taylor Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2. 10. 54		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Feb. 12, 1954		24c. NAME OF CEMETERY OR CREMATORY Father Dixon		
24d. LOCATION (City, town, or county) (State) Kirkwood, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE J. Earl Smith M.D. & B. K. Kowale		ADDRESS 1221 N. Grand		
DATE REC'D BY LOCAL REG. FEB 10 1954		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		

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

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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.....  
Signature of Student Embalmer

Signed *Gayton Swan*.....  
Licensed Embalmer No. *457*.....  
P. O. Address *1331 1/2 St*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.