

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41880

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 11200

BIRTH NO.		REG. DIST. NO.		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				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS				c. LENGTH OF STAY (In this place)				c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS					
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 5121 KENSINGTON									
3. NAME OF DECEASED (Type or Print) a. (First) BLONDELL BRYANT			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 12 16 55				
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 8-7-32		9. AGE (In years last birthday) 23		10. UNDER 1 YEAR Months Days		11. UNDER 1 MO. Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAUNDRY				10b. KIND OF BUSINESS OR INDUSTRY RAINBOW				11. BIRTHPLACE (City and State or Foreign Country) TRENTON TENN.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME JAMES BRYANT				13b. MOTHER'S MAIDEN NAME MATTIE BRYANT				14. NAME OF HUSBAND OR WIFE NONE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO				16. SOCIAL SECURITY NO. 412524558		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MATTIE BRYANT 1316a MARCUS AVE.							
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) Mercury Bichloride Poisoning If rather self induced or at hands of Party or Parties taken down for the purpose of a criminal abortion could not be determined DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH									
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT (Specify) SUICIDE Verdict				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 000 E8849					
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? 46					
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 7:30 A. M., from the causes and on the date stated above.													
23a. SIGNATURE Joseph McCleendon						23b. ADDRESS x300 Clark		23c. DATE SIGNED 12/19/55					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL				24b. DATE 12-22-55		24c. NAME OF CEMETERY OR CREMATORY SPRING HILL				24d. LOCATION (City, town, or county) (State) TRENTON TENN.			
DATE REC'D BY LOCAL REG. DEC 22 1955				REGISTRAR'S SIGNATURE J. McCleendon				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. McCleendon 4535 WASHINGTON					

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

John K. Cunningham

Licensed Embalmer No. _____

P. O. Address _____

4476
Marcus

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.