Health,
& Welfare
Public
Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37232

STATE FILE NUMBER

FILED OCT 25 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9716

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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St Louis, Mo. — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 5064 Cabanne — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Edna	Middle	Last: Bryant	4. DATE OF DEATH	Month 10 Day 13 Year 57
5. SEX: Female	6. COLOR OR RACE: Negro	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: May 14 1905	9. AGE (In years last birthday): 52	IF UNDER 1 YEAR: Month 4 Days; IF UNDER 24 HRS.: Hours 28 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country): St Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U.S. A.
13. FATHER'S NAME: John Williams			14. MOTHER'S MAIDEN NAME: Winnie Herndon		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Waddy Bryant	Address: 5064 Cabanne	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Rheumatic Heart Disease-Active (Suspected)

DUE TO (c) 401.3

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

Left Pleural Effusion (Hydrothrosis) and Right Middle Cerebral Thrombosis

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 9-5-57 to 10-13-57 and last saw her alive on 10-13-57

Death occurred at 2:50 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marvin Roseman, M.D.	22b. ADDRESS: 2601 N. Whittier St.	22c. DATE SIGNED: 10-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 10-18-57	23c. NAME OF CEMETERY OR CREMATORY: Washington Park	23d. LOCATION (City, town, or county) (State): Berkley Mo
24. FUNERAL DIRECTOR: A. L. Beal Und. Co	ADDRESS: 4303 Delmar	25. DATE RECD. BY LOCAL REG.: OCT 17 57	26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Daniel Hughes

Licensed Embalmer No. 4 8

P. O. Address 4149 Ros

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.