

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006943
STATE FILE NUMBER
2 1645

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED MAR 2 1959

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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri-Baptist		d. STREET ADDRESS (If outside, give location) 40 N. Kingshighway	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM HARPER BRYAN		4. DATE OF DEATH Month Day Year Feb. 14, 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 4, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President - Associated Hardware Corp.		10b. KIND OF BUSINESS OR INDUSTRY Hardware Corp.	11. BIRTHPLACE (City and state or country) Elba, Alabama
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME MORRIS Bryan	
13b. MOTHER'S MAIDEN NAME Louise CHAPMAN		14. NAME OF HUSBAND OR WIFE Loretta Jean Bryan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give War and dates of service) yes		16. SOCIAL SECURITY NO. 374-05-8844	
17. INFORMANT Loretta J. Bryan, 40 N. Kingshighway		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) MYOCARDIAL INFARCTION DUE TO (c) 420.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 days
19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 MAY 1954 to Feb 13, '59 and last saw her alive on Feb 13, 1959 Death occurred at Feb 14, '59 4:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Warren M. Poyner MD		22b. ADDRESS St. Louis 8 Mo	
22c. DATE SIGNED 2-14-59		23a. BURIAL, CREMATION, REMOVAL (Specify) removal	
23b. DATE 2-17-59		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum	
23d. LOCATION (City, town, or county) St. Louis County, Mo.		(State)	
24. FUNERAL DIRECTOR C. R. Lupton & Sons-7233 Delmar		25. DATE RECD. BY LOCAL REG. FEB 16 '59	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		7:06	

Health, Welfare, Police, Fire, and other public utility services are provided by the City of St. Louis. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Dr. Warren M. Loneragan
457 N. Kingshighway
FO 1-3116

Bryan
(City Vise)

until 1:30

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 *Clarence A. Murray*

Licensed Embalmer No. *4011*
P. O. Address *St. Louis*

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.