

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20262**  
Registrar's No. **5188**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>2069</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>6 5956 Cote Brilliante Ave.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Raymond</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Bryant</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 9 54</b>
5. SEX <b>Male</b> <input checked="" type="checkbox"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug. 7 1908</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>45</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Emerson Elec. Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cole County Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>Emmett Bryant</b>	13b. MOTHER'S MAIDEN NAME <b>Netti Alexander</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unk.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Cecil Bryant Jefferson City Mo.</b>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lymphatic Leukemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Disseminated Neurofibromatosis</b> <b>20 yrs.</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>2040</b>

22. I hereby certify that I attended the deceased from **May 10 1954** to **June 9 1954** that I last saw the deceased alive on **June 9 1954**, and that death occurred at **12:35 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold A. Franklin M.D.</b>	23b. ADDRESS <b>16 Hampton Valley Plaza</b>	23c. DATE SIGNED <b>6/10/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-10-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Local</b>
24d. LOCATION (City, town, or county) (State) <b>Cole County, Missouri.</b>		

DATE REC'D BY LOCAL REG. <b>JUN 10 1954</b>	REGISTRAR'S SIGNATURE <b>Harold A. Franklin M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A.H. Hoppe 4704 Washington Ave.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 *Paul A. Wachter*.....

Licensed Embalmer No. *478*

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.