REC'D AUG 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23472
Do not use this space.

791
1008

1. PLACE OF DEATH
(a) County —
(b) Township —
(c) City ST LOUIS
(d) Street No. CITY HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.
Primary Registration District No.
Registered No. 6166

2. PRINT FULL NAME WINSTON EDWARD BRYANT 653
(a) Residence, No. 924 NORTH CLAY St. NR KIRKWOOD MISSOURI
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 25-1909
7. AGE: YEARS 29 MONTHS — DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CLERK
9. Industry or business in which work was done, as saw mill, bank, etc. U.S. CIVIL-SERVICE
10. Date deceased last worked at this occupation (month and year) JULY-1938
11. Total time (years) spent in this occupation 3½ yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OMAHA NEBRASKA

FATHER
13. NAME EDWARD A BRYANT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER
15. MAIDEN NAME MARGARET OTOOLE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MISSOURI

17. INFORMANT (ADDRESS) Margaret Bryant 924 North CLAY-KIRKWOOD Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE OAK-HILL CEM DATE JULY 11 1938
19. FUNERAL DIRECTOR (ADDRESS) Parker Fund Co. Webster Groves Mo
20. FILED JUL 11 1938 J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1938
22. I HEREBY CERTIFY That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 8:35 A m.
The principal cause of death and related causes of importance were as follows:

Evisceration, when he jumped from a window at the City Hospital and became impaled on an iron picket fence, on July 9th, 1938, at about 8:35 A.M.

Date of onset: —

Other contributory causes of importance:

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Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7/9/, 1938
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Public Place
Manner of injury See Above.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..
If so, specify
(Signed) Alfred J Perry, M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Corrected by affidavit mar 21-1939 - L. Wood

50M-7-20-37 I X12004

See affidavit #13:2 in mine file - 1989

STATEMENT BY LICENSED EMBALMER

I, e b aldrich, Licensed Embalmer No. 1332

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed e b aldrich

Licensed Embalmer No. 1332

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.)