REC'D FEB 10 1939

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

600
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 600

1. PLACE OF DEATH
(a) County 1
(b) Township
(c) City St. Louis Mo.
(d) Street No. BARNES 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 536 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leroy Winter
(a) Residence, No. St. NR Selma Alabama
(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 M Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adelaide Winter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1901
7. AGE Years 37 Months 0 Days 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Manager
9. Industry or business in which work was done, as saw mill, bank, etc. Life-Insurance Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama 1

FATHER
13. NAME Bernard Winter 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama 1

MOTHER
15. MAIDEN NAME Not Known 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT Miss Adelaide Winter
(ADDRESS) Selma Ala.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Tuscaloosa Ala. DATE Jan. 16, 1939
19. FUNERAL DIRECTOR (NAME) A. H. Hoppe
(ADDRESS) 4700 Washington, St. Louis Mo.
20. FILED JAN 19 1939 J. E. Butler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 14, 1939
22. I HEREBY CERTIFY, That I attended deceased from January 5th, 1939, to January 14th, 1939
I last saw him alive on January 14th, 1939. Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

Brain tumor, malignant — Date of onset 9/1/37

Other contributory causes of importance

Name of operation Craniotomy Date of 1/9/39
What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Stephen S. Ellis, M. D.
(Address) BARNES HOSPITAL

Licensed Embalmer's Statement on Reverse Side)

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.

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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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.