

FILED DEC 2 1952

STANDARD CERTIFICATE OF DEATH

40021  
State File No. 10577  
Registrar's No.

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

|                                                                                                                                      |  |                                                                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis                                               |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109                           |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital |  | d. STREET ADDRESS (If rural, give location) 10 4164 Ashland Ave. 0                                                    |  |

|                                     |                    |                |                 |                                                     |
|-------------------------------------|--------------------|----------------|-----------------|-----------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) William | b. (Middle) O. | c. (Last) Bryan | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1952 |
|-------------------------------------|--------------------|----------------|-----------------|-----------------------------------------------------|

|               |                        |                                                                |                                |                                    |                       |                     |                      |
|---------------|------------------------|----------------------------------------------------------------|--------------------------------|------------------------------------|-----------------------|---------------------|----------------------|
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 20, 1890 | 9. AGE (In years last birthday) 61 | # UNDER 1 YEAR Months | # UNDER 1 HR. Hours | # UNDER 1 MIN. Mins. |
|---------------|------------------------|----------------------------------------------------------------|--------------------------------|------------------------------------|-----------------------|---------------------|----------------------|

|                                                                                                       |                                          |                                                         |                                   |
|-------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|-----------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian | 10b. KIND OF BUSINESS OR INDUSTRY School | 11. BIRTHPLACE (State or foreign country) Alton, Ill. / | 12. CITIZEN OF WHAT COUNTRY? U.S. |
|-------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|-----------------------------------|

|                                 |                                            |                                      |
|---------------------------------|--------------------------------------------|--------------------------------------|
| 13a. FATHER'S NAME Milton Bryan | 13b. MOTHER'S MAIDEN NAME Nettie Patterson | 14. NAME OF HUSBAND OR WIFE Margaret |
|---------------------------------|--------------------------------------------|--------------------------------------|

|                                                                                                           |                                     |                                                                     |         |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) No | 16. SOCIAL SECURITY NO. 710-07-1741 | 17. INFORMANT'S SIGNATURE OR NAME Margaret Bryan, 4164 Ashland Ave. | ADDRESS |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------|---------|

|                                                                                                                                                                                                                              |                                                                                                                                                                                                                           |                       |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION                                                                                                                                                                                                     |                       | INTERVAL BETWEEN ONSET AND DEATH |
|                                                                                                                                                                                                                              | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head injury; cerebral apoplexy suffered when deceased fell from his bed to the floor in the bedroom of his home at 4164 Ashland Ave on Nov 4 1952 at about 7:30 am | DUE TO (a) DUE TO (c) |                                  |
|                                                                                                                                                                                                                              | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.                                                                                          |                       |                                  |

|                        |                                           |                                                                                 |
|------------------------|-------------------------------------------|---------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Accident | 20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|-------------------------------------------|---------------------------------------------------------------------------------|

|                                  |                                                                                               |                                                                   |
|----------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 21a. ACCIDENT (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo 1000 |
|----------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------|

|                                                                        |                                                                                                        |                                  |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Nov 4 5:27:30 am | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? E9020 |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:51 p.m., from the causes and on the date stated above. 21

|                                                           |                         |                           |
|-----------------------------------------------------------|-------------------------|---------------------------|
| 23a. SIGNATURE Patrick E. Taylor Currier (Denom or title) | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 11.17.52 |
|-----------------------------------------------------------|-------------------------|---------------------------|

|                                                  |                    |                                            |                                                              |
|--------------------------------------------------|--------------------|--------------------------------------------|--------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11-19-52 | 24c. NAME OF CEMETERY OR CREMATORY Calvary | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
|--------------------------------------------------|--------------------|--------------------------------------------|--------------------------------------------------------------|

|                                      |                                           |                                                                       |         |
|--------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------|
| DATE REC'D BY LOCAL REG. NOV 17 1952 | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Morrell Funeral Home, 4212 St. Louis | ADDRESS |
|--------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------|

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

(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 embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert M Murray  
Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo

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 this body is not embalmed, fact should be so stated above.