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.

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

Do not use this space.

19277

File No. 5709

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. Sanitarium St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Minnie Winkler

(a) Residence. No. 3931 Gravois Ave., 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 5 mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Arthur A. Winkler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 24, 1883

7. AGE: Years 44; Months 6; Days 1; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Charley Seins

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Germany
(STATE OR COUNTRY)

14. INFORMANT: Louis H. Kohler
(Address): 5300 Arsenal

15. FILED MAY 27, 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/25/28 19

17. I HEREBY CERTIFY, That I attended deceased from 1/28/28, 19 to 5/25/28, 19 that I last saw her alive on 5/25/28, 19, and that death occurred, on the date stated above, at 11.50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: General paralysis of the insane

8 a

(duration) yrs. 3 mos. 29 ds.

CONTRIBUTORY (SECONDARY) 76

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) Louis H. Kohler, M.D.

5/26/28, 19 (Address) 5300 Arsenal

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: S. S. Peter & Paul Cemetery

DATE OF BURIAL: May 29 1928

20. UNDERTAKER: J. H. Gebhen Lawn M. Co.

ADDRESS: 2842 Meramec