

1. PLACE OF DEATH

County Richman
 Township St. Louis
 City St. Louis (No. State Hospital #2) St. Ward

Registration District No. 85
 Primary Registration District No. 1001

File No.
 Registered No. 910

2. FULL NAME

(a) Residence: No. State Hwy #2 St. Ward
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 22 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mr. Joseph W. Winston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mail Carrier
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

PARENTS

14. INFORMANT Records State Hwy #2
 (Address)

15. FILED 3-7-1928 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1928

17. I HEREBY CERTIFY That I attended deceased from May 9 1928 to July 31 1928 that I last saw him alive on July 30 1928, and that death occurred, on the date stated above, at 4:45 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral Palsy

CONTRIBUTORY (SECONDARY) (duration) yrs. 9 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Cerebral Palsy

(Signed) , M. D.

July 31 1928 (Address) State Hwy #2

*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 Liberty, Missouri DATE OF BURIAL Aug. 1, 1928

20. UNDERTAKER Walter Meinholfer ADDRESS 1302 Parson St.

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