MISSOURI STA[redacted]
BUREAU O[redacted]
CERTIFICATE OF DEATH

7000

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1865

City St. Louis, Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Fred Winks

(a) Residence. No. 1909 Carr St., 21 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	Col.	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-4-1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	14	11	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(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) Miss.

PARENTS

10. NAME OF FATHER Henry Winks

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

12. MAIDEN NAME OF MOTHER Lucy Grear

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

14. INFORMANT A. Gertrude Creath
(Address) City Hospital #2

15. FEB 21 [illegible] FILED ....., 19..... [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/16/ 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-3-, 1930, to 2-16-, 1930 that I last saw him alive on 2-16-, 1930 and that death occurred, on the date stated above, at 4 35 Am. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

[illegible]

Chronic myocarditis

(duration) — yrs. 7 mos. — ds.

CONTRIBUTORY (SECONDARY) [illegible]

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

O DID AN OPERATION PRECEDE DEATH? NO DATE OF —

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. E. Hale M. D.

2/17/ 1930 (Address) 2945 Lawton

*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	DATE OF BURIAL
Washington Park	2/23 1930

20. UNDERTAKER	ADDRESS
Richardson & Tyler	1020 Brooklyn

[redacted]

Enclosure