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.

✓ 30647

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8315

City St. Louis, (No. 6247 Hoffmann Avenue. St. ..... Ward)

2. FULL NAME George Winteler

(a) Residence, No. 6247 Hoffmann Avenue. St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: 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: Anna Winteler.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 29, 1863.

7. AGE: Years 69 | Months 2 | Days 15. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shipping Clerk.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unemployed. 314
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): Switzerland. 26

FATHER

13. NAME: John Winteler.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland.

MOTHER

15. MAIDEN NAME: Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know. 31

17. INFORMANT (ADDRESS): Anna Winteler 6247 Hoffmann Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old St. Marcus. DATE Sept. 17, 1932.

19. UNDERTAKER (ADDRESS): J. H. Gebken L & U Co. 2842 Meramec St.

20. FILED SEP 16 1932 19 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/1 1932 to 9/14, 1932

I last saw him alive on 9-13, 1932 Death is said to have occurred on the date stated above, at 1:40 A m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 8/1 —

107B 107A

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) Christian H. Eyermann, M. D.

(Address) 1722 South Jefferson