

NOV 16 1938

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

34257
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City City St. Louis (d) Street No. Pinning Avenue West St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **9243**

2. PRINT FULL NAME 57 1/2 Mathias Winzen

(a) Residence, No. 5522 So 37th St St. **15**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mary Winzen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 9 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as saw mill, bank, etc. A. B. C. Brewery

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) St. Louis, Mo.

13. NAME Anthony H Winzen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Helen Pries

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland Ill.

17. INFORMANT Mary Winzen
(ADDRESS) 5522 So 37th St.

18. BURIAL, CREMATION, OR REMOVAL Worship Center & Paul Cem DATE Oct 27 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. G. Brown & Sons 2842 Main St

20. FILED OCT 25 1938 J. P. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/24/ 19 38

22. I HEREBY CERTIFY, That I attended deceased from 9/23/ 19 38, to 10/24/ 19 38

I last saw him alive on 10/24/ 19 38. Death is said to have occurred on the date stated above, at 4:45 p.m.

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

Nephrosclerosis with uremia Uncertain
Cellulitis of Nose, caused by 10/10/38
Dermatitis Gangrenosa 10/16/38
streptococcal infectious
dermatitis followed
cellulitis of nose
Other contributory causes of importance:
Cirrhosis of Liver Uncertain

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? NO

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: yes

(Signed) J. O. Brown M. D.
(Address) 1325 S. Grand Blvd.,

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.

E. M. Blank

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,

Herman A. Helken

or by

Registered Apprentice No. working under my personal supervision.

Signed

Licensed Embalmer No. *2120*

P. O. Address *2842 Mesquite*

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, above space should be left blank.