REC'D MAR 13 1939

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

4526
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 1219

1. PLACE OF DEATH
(a) County
(b) Township
(c) or City Saint Louis
(d) Street No. Homer G. Phillips Hospital 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.

2. PRINT FULL NAME Daniel Winfrey
(a) Residence, No. 4428a North Market Street St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

5/6

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Negro	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 3, 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	39	4	---	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) Baton Rouge
(STATE OR COUNTRY) Louisiana

FATHER
13. NAME Unavailable
14. BIRTHPLACE (CITY OR TOWN) "
(STATE OR COUNTRY) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) "
(STATE OR COUNTRY) "

17. INFORMANT Mrs Tolitha Winfrey
(ADDRESS) 4428a North Market St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 2/7/39 19

19. FUNERAL DIRECTOR (NAME) Charles J. Gates
(ADDRESS) 4107-09 Finney Avenue

20. FILED FEB 7 1939 J. F. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 3rd 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1939, to February 3rd, 1939
I last saw him alive on February 3rd, 1939. Death is said to have occurred on the date stated above, at 11:15a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1/4/39
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? yes

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? No
If so, specify
(Signed) Malcolm Simpson, M. D.
(Address) Homer G. Phillips Hosp.

(Licensed Embalmer's Statement on Reverse Side)

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.

DEC 11 1946

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, or by James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 5522

P. O. Address 4107 Finney Ave/

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.