WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X16605

LEG'D JUL 12 1939

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

20606
Do not use this space.

5450

1. PLACE OF DEATH
(a) County ..... 2 Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. .....
or
(c) City St. Louis 1 (d) Street No. 4373 West Pine Bl. 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.

524

2. PRINT FULL NAME Ida F. Winkelmeyer
(a) Residence, No. 4373 West Pine Bl. St. 19
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25, 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	1	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 0

FATHER
13. NAME Julius Winkelmeyer 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Christiana Stifel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) E. J. Winkelmeyer 4373 West Pine Bl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE June 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles Kron Funeral Home 4911 Washington Bl.

20. FILED JUN 19 1939 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 1936, to June 19, 1939
I last saw her alive on June 19, 1939. Death is said to have occurred on the date stated above, at 12 40 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	
Myocarditis · Chronic	

93

Other contributory causes of importance:
Pulmonary emphysema
Non tubercular
No pneumonia

Name of operation None 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? No
If so, specify .....
(Signed) H. L. Alvarado, M. D.
(Address) 4932 Maryland Ave St. Louis

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Thomas R. Lenwick

Licensed Embalmer No. 5793

P. O. Address St Louis Mo

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

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