

REC'D AUG 7 1939

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

24459

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township 1st Primary Registration District No. 1007 Registered No. 2672
(c) City St. Louis (d) Street No. 1100 St. St. Louis
(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

Earl Winons Earl Winons
(a) Residence, No. 1300 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52. 1 11

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME Matthew Winons

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

15. MAIDEN NAME Winons

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

17. INFORMANT (ADDRESS) Respect Clerk
1100 St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE July 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quinn & Tubin

20. EMERGENCY July 3, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1-39

22. I HEREBY CERTIFY, That I attended deceased from 6-27-39, 1939, to 7-1-39, 1939.
Last saw him alive on 7-1-39, 1939. Death is said to have occurred on the date stated above, at 10:00 am.
The principal cause of death and related causes of importance were as follows:

Coronary sclerosis
with coronary occlusion
94B

Other contributory causes of importance:

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.....

(Signed) Dr. De Monas A. D. O.

(Address) 1100 St. Louis

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..... *Maurice M. Denis*

Licensed Embalmer No..... *2226*

P. O. Address.....

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.