

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30673**  
**7736**  
Registrar's No. \_\_\_\_\_

Registration District No. **291**  
Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1003**  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Mo.**  
(c) Name of hospital or institution: **City Hospital #1**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town **St. Louis, Mo.**  
(d) Street No. **3228 Ohio Ave.**  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: **George Winkler 524**  
3. (b) If veteran, name war **xxxx** 3. (c) Social Security No. **mk**  
4. Sex **Male** 5. Color of race **W** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Unknown**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.** day **4th**  
year **1939** hour **2:55** minute **P.** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years **alt 56** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace **Germany**  
10. Usual occupation **Brewery Worker**  
11. Industry or business \_\_\_\_\_  
12. Name **Unknown**  
13. Birthplace **Unknown**  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
16. (a) Informant's own signature **Dr. Alfred J. Perry**  
(b) Address **1300 Clark Ave.**  
17. (a) **Burial** (b) Date thereof **9/8/39**  
(c) Place: burial or cremation **Class Peter & Pauls**  
18. (a) Signature of funeral director **Edgar Bros**  
(b) Address **3029 Lafayette**  
19. (a) **SEP 7 1939** (b) **J. F. Bredsch**

Immediate cause of death **Strangulation due to hanging by rope around his neck, from transom in his room, 3rd floor, at 3228 Ohio Ave., Sept. 4th, 1939, exact time unknown.**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of autopeny \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Suicide**  
(b) Date of occurrence **Sept. 4th, 1939**  
(c) Where did injury occur? **St. Louis, Mo.**  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**In Home**  
While at work? **No** (Specify type of place) (e) Means of injury **Hanging**  
23. Signature **Alfred J. Perry** (M. D. or other) \_\_\_\_\_  
Address **3228 Ohio Ave** Date signed **9-6-39**

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.

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**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 J Owens  
Licensed Embalmer No. 2745  
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.**