

Registration District No. 1002

Primary Registration District No. \_\_\_\_\_

Registrar's No. 9959

## 1. PLACE OF DEATH:

(a) County. 2  
 (b) City or town. St Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4934 Union Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
 In this community 12 years  
 years, months or days)

3. (a) PRINT FULL NAME Rebecka Winkler 520

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Louis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased December 11 1853  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
85 11 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name Frederick Grosze 613. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Henrietta Mende15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Emma Winkler(b) Address 4934 Union Ave17. (a) Burial (b) Date thereof Nov 23 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Bethlehem18. (a) Signature of funeral director Beiderwieden Funl Home Inc(b) Address 1936 St Louis Ave19. (a) NOV 22 1939 (b) J. P. Budeck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL") 7  
 (d) Street No. 4934 Union Ave  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21  
year 1939 hour 1:20 minute A M.21. I hereby certify that I attended the deceased from NOV. 15, 1939, to NOV. 20, 1939  
that I last saw her alive on NOV. 20-39, 1939  
and that death occurred on the date and hour stated above.Immediate cause of death Supraventricular  
Old age, no evident  
Pathology (Seizure)  
Due to Chronic myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: ABC

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. L. Marder (M. D. or other)  
Address 2115 S. M. Handwerker Ave Date signed 11-21-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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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 *Felix J. Krupin*

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

**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.**