11 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40855

Registration District No. 7822 - 1939 DEC 9

Primary Registration District No. 112

Registrar's No. 1980

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.

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Rock Hill Village
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: # 5 Greenwood Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Rock Hill Village
(If outside city or town limits, write "RURAL")
(d) Street No.: # 5 Greenwood Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Clara Winchester 522

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Late Robert Lee Winchester

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Apr. 27 1874 (Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Housework at home 9

11. Industry or business: 9

FATHER
12. Name: Unknown 1
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs. Louise Donnelly
(b) Address: #5 Greenwood Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-13-39 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Burial Park

18. (a) Signature of funeral director: Kriegshauser Mortuaries
(b) Address: 4228 So. Kingshighway

19. (a) NOV 11 1939 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 10 year: 1939 hour: 8 minute: 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 10, 1939, to Nov. 10, 1939, that I last saw her alive on Nov. 10, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Breast — Duration: 1 yr.

Due to: 50

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operation: Carcinoma both breasts.

Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature: Ralph Thompson (M. D. or other) M.D.
Address: 3606 Grand Date signed: 11/11/39

(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 Edwin N. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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

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