DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41293

JAN 12 1940

Registration District No. 791

Primary Registration District No.

Registrar's No. 10416

1. PLACE OF DEATH: 1003

(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: 3421 Pestalozzi St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo. (b) County 16

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3421 Pestalozzi St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth Winter 536

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 Widow

6. (b) Name of husband or wife Albert Winter

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

7. Birth date of deceased February (Month) 26 (Day) 1852 (Year)

8. AGE: Years 87 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Housewife 6

11. Industry or business

FATHER
12. Name Philip Lanley 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Epp 6
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Lillie Goetz
(b) Address 3421 Pestalozzi

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-39 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Schumacher Ouda
(b) Address 3013 Meramec

19. (a) DEC 5 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1939 hour 5.15 minute P. M.

21. I hereby certify that I attended the deceased from 11-16-39, 19__, to 12-3, 1939;
that I last saw her alive on 12-3, 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr myocarditis	years
Due to: Chr nephritis	years
Due to: —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
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 1

23. Signature Eugene A. Vogel (M. D. or other) MD
Address 3325 S Grand Date signed 12/5/39

(Licensed Embalmer's Statement on Reverse Side)

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.

X19511

3325 - 40 Grand
2 to 4

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 George Nicholson, Registered Apprentice No. _____ working under my personal supervision.

Signed George Nicholson

Licensed Embalmer No. 2906

P. O. Address 3013 Miramar

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

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