

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 X1931

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Mr. Winkler
State File No. 44654

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2334

1. PLACE OF DEATH: St. Louis ^{of} 2

(a) County St. Louis

(b) City or town Overland

(c) Name of hospital or institution: 8924 Bristol Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Years (Specify whether years, months or days)

In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 8924 Bristol Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna A. Winkler 524

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1939 hour 11:00 minute 00 P.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Bernard Winkler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 12 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 26
1939 to Dec. 30 1939;
that I last saw her alive on Dec. 30 1939;
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 10 Days 18 If less than one day hr. _____ min.

Immediate cause of death Cancer of Uterus Duration 6 Mo.

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

Due to _____
Due to _____

10. Usual occupation Retired Housewife

Other conditions Bronchial Pneumonia 3 days
(Includes pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Anthone Otten

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

14. Maiden name Elizabeth Tobben
(City, town, or county) (State or foreign country)

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

Major findings: Of operations None

Of autopsy _____

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

16. (a) Informant's own signature Harry B. Winkler

(b) Address 8924 Bristol Overland, Mo.

17. (a) Burial (b) Date thereof 1-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(a) Accident, suicide, or homicide (specify) 710

(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? _____

18. (a) Signature of funeral director Baumann Bros Inc

(b) Address 2541 Woodson Rd - Overland, Mo.

19. (a) DEC 31 1939 (b) W. Meyer
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

While at work? _____ (c) Means of injury _____

23. Signature Ray A. Hatcher M.D. (M. D. or other) _____

Address 2438 Woodson Rd. Date signed 12-31-39

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..... *Oscar G. Mueller*

Licensed Embalmer No. *3039*

P. O. Address. *Overland Mo*

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.