

No. 2
1-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23993

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6438

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Francis P. Hospital
found on lot at 7th & Marion
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 4033 Castleman
(If rural, give location)
(e) If foreign born, how long in U. S. A. 16 yrs. years.

3. (a) PRINT FULL NAME Herman Winkler 524

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-01-4090

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Katherine Zettl 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Feb. 17, 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Stableman

11. Industry or business _____
12. Name Frederick Winkler
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Winkler
(b) Address 4033 Castleman

17. (a) Burial (b) Date thereof Aug. 2 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Bickers

18. (a) Signature of funeral director John Ziegenheim
(b) Address 7027 Gravois Ave

19. (a) JUL 31 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29 year 1940 hour 7 23 minute P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Chronic Fibrosis
Myocarditis
with Myocardial Infarct
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)

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

Major findings: Infarct
Of operations _____
Of autopsy g3c

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 Joseph M. Ziegenheim (M. D. or Other) _____
Address Deputy Coroner

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..... *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Travis*

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.