

No. 2
10-37
7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27205

State File No. _____

7101

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month
(Specify whether
In this community _____ Years
years, months or days)

3. (a) PRINT FULL NAME Iva Winkle 524

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

4. Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oliver L. Winkle 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased December 23rd 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 7 28 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name Daniel M Smith
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Ida Bradford
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver L. Winkle
(b) Address 8612 Halls Ferry Road

17. (a) Burial (b) Date thereof 8/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road

19. (a) AUG 23 1940 (b) J. J. Brudwick
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8612 Halls Ferry Road
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st
year 1940 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from 2-29-40
_____, 19____, to 8/21/40, 19____;
that I last saw her alive on 8/21/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-Carcinoma
Left supra renal gland
Primary site
Due to _____
Due to 53
Other conditions: Splenic Anemia
(Include pregnancy within 3 months of death)

Duration
6 mo (?)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: enlarged spleen and
liver 7 relaxed nodes late
by lung formation of
left adrenal

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 G. R. Shuffler (M. D. 1)
Address Mo. Theatre Bldg Date signed 8/22/40

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

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

Edward J. Bookhart

Licensed Embalmer No. 2502

P. O. Address Clayton 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.