

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

33912
State File No. _____
8609
Registrar's No. _____

Registration District No. 791

Primary Registration District No. _____

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

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community Life (Specify whether years, months or days)

3. (a) PRENT FULL NAME Edward M. Winzer

3. (b) If veteran, name war ---- 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Winzer 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 21, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>1</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Credit Manager

11. Industry or business City Ice & Fuel Company

12. Name George Winzer

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

14. Maiden name Unknown

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

16. (a) Informant Katherine Winzer

(b) Address House Springs, Mo.

17. (a) Burial (b) Date thereof 10/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Welderle

(b) Address 2331 S. Broadway

19. (a) OCT 18 1940 (b) _____
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town House Springs N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. Weber Hill Highway 30
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1940 hour 3 minute 30a. M.

21. I hereby certify that I attended the deceased from Sept 3rd
1936 to Oct 17th, 1940
that I last saw him alive on Oct 17th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 1 day.

Due to My pasteurized milk 4 days.
Arterio Sclerosis 4 days.

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (i) Means of injury _____

23. Signature [Signature] (M. D. or other) 10/18/40
Address 3606 Grand Date signed _____

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

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 *Frank J. Thyland*
Licensed Embalmer No. *2645*
P. O. Address *St. Louis, Mo.*

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

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