o. 2
13-40
7-39
X23159

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

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8612

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 2022

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: City Hospital. B
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Hours. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town St. Louis. 517
(If outside city or town limits, write "RURAL")

(d) Street No. 5759 Chamberlain Ave 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

[illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1st
year 1941 hour 11 minute 58 P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cerebral Apoplexy	
Due to	
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.

3. (a) PRINT FULL NAME Millie H. Winther.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex / Female

5. Color or race White.

6. (a) Single, widowed, married, divorced / Married.

6. (b) Name of husband or wife Fred Winther.

6. (c) Age of husband or wife if alive 67. years

7. Birth date of deceased February 23 1875.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	0	8	hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name August Hemplemann.
13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant F. R. Winther.
(b) Address 5759 Chamberlain Ave.

17. (a) Burial. (b) Date thereof 3-4-41.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) MAR 3 1941 (b) [illegible]
(Date received local registrar) (Registrar's signature)

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 9

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 3/10/41

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2323 St Louis

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, fact should be so stated above.