

FILED FEB 2 1942

Registration District No.

Primary Registration District No. 115

Registrar's No. 175

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town University City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6826 Washington Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6826 Washington Ave.,
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME JAMES CHARLTON WINFIELD.

3. (b) If veteran, name war no 3. (c) Social Security No. 702-09-4827

20. DATE OF DEATH: Month Jan. day 21
year 1942 hour 1:00 minute P. M.

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

21. I hereby certify that I attended the deceased from Nov. 30 1941, to Nov 22 1941
that I last saw him alive on Nov 20 1941; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Minerva Winfield. 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July 19th 1881
(Month) (Day) (Year)

Immediate cause of death Ca. of liver Duration ?

8. AGE: Years 60 Months 6 Days 2 If less than one day _____ hr. _____ min.

Due to Ca. of liver + liver metastasis
Due to chronic

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

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

10. Usual occupation Assistant General Freight

Major findings: Of operations _____

11. Industry or business Cotton Belt R.R. Agent.

Of autopsy _____

12. Name W.H. Winfield.

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

14. Maiden name Lily Hamilton.

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

16. (a) Informant Mrs. Minerva Winfield.
(b) Address 6828 Washington, Ave.,

17. (a) Cremation. (b) Date thereof 1-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address #7236 Delmer Boulevard.

19. (a) JAN 23 1942 (Date received local registrar) (b) C. McDevan (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. L. Krause (M. D.)
Address 3720 Washington Date signed 1/21/42

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

76
3
5

1938

FEB 24 1942

Wentworth Pelt
MA 3610

Dr. Lynn Krauss
3720 Washington
JFE-6111
Ato P.M.

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: Bradford A. Jones

Licensed Embalmer No. 2901

P. O. Address: University City, 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, fact should be so stated above.