

FILED APR 20 1942
66-01-57

Registration District No. **5878 5874**

Registrar's No. **16**

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

1. PLACE OF DEATH:
 (a) County **Perry**
 (b) City or town **Wittenberg Mo. Brazeau**
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community **76-1-17**
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Perry 77**
 (c) City or town **Wittenberg Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **August F. Winter**
 (b) If veteran, name war
 (c) Social Security No. **None**
 4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 (b) Name of husband or wife **Mary Cinter**
 (c) Age of husband or wife if alive **73** years
 7. Birth date of deceased **January 31 1866**
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **18**
 year **1942** hour **5** minute **A. M.**
21. I hereby certify that I attended the deceased from
November 6 1939 to **March 18th 1942**
 that I last saw him alive on **March 16 1942**
 and that death occurred on the date and hour stated above.

8. AGE:
 Years **76** Months **1** Days **17**
 If less than one day
 hr. min.

Immediate cause of death
Chronic Myocarditis
 Due to **Atherosclerosis, Sclerosis**
 Due to

9. Birthplace **Perry Co. Missouri**
 (City, town, or county) (State or foreign country)

Other conditions
 (Include pregnancy within 3 months of death)

10. Usual occupation **Miller**

Major findings:
 Of operations **93d**
 Of autopsy

11. Industry or business
12. Name **August Winter**
13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

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

14. Maiden name **Mary Mangelsdorf**
15. Birthplace **Ill.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Hugo B. Winter**
 (b) Address **Wittenberg Mo.**

17. (a) Burial (b) Date thereof **March 20 1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wittenberg Mo.**

18. (a) Signature of funeral director **Young & Sons**
 (b) Address **Perryville Mo.**

19. (a) 3-20-42 (b) **O. J. Preussner**
 (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?

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

23. Signature **Alfred Teacher** (M. D. or other) **Al. D.**
 Address **Wittenberg** Date signed **3-19-42**

RECEIVED

District Health Officer No. 4
District File Number 442-442
Date Filed 4-13-42

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.....

Licensed Embalmer No. 2138A

P. O. Address Coryville 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.