

FILED MAY 19 1942
 Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4197**

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:
Jewish Hospital
 (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:

Mo. **St. Louis** **96**
 (a) State..... (b) County.....
 (c) City or town..... **Oakville** **NR**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Route 9 Lemay Telegraph Rd.**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **Katie Winheim**

3. (b) If veteran, name war **None** 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 **Emil Winheim** 6. (c) Age of husband or wife if alive **71** years
 7. Birth date of deceased **December 8 1881**
 (Month) (Day) (Year)

8. AGE: Years **60** Months **5** Days **2** If less than one day
 hr. min.

9. Birthplace **Oakville Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Louis Burkhardt**
 13. Birthplace **St. Louis Mo.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Katherine Schultz**
 15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Paul Winheim**
 (b) Address **Route 9 Lemay, Mo.**
 17. (a) **Burial** (b) Date thereof **May 18, 1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Pauls Cemetery**
 18. (a) Signature of funeral director **Chas. J. ...**
 (b) Address **7814 S. Broadway**
 19. (a) **MAY 12 1942** (b) **J. F. ...**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10**
 year **1942** hour **1** minute **20** M.

21. I hereby certify that I attended the deceased from **July**
 1938 to **May 10** 1942,
 that I last saw her alive on **May 10** 1942,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary artery infarct** **Duration 1 3/4 days**
Thrombotic large pulmonary artery vessel
any vessel.
 Due to **Myocardial infarct & fibrillation (circular**
clot) and mural thrombus of aorta
 Due to.....

Other conditions (Include pregnancy within 3 months of death)

Micro-organisms: **2 large Pulmonary infarcts**
Thrombi in several vessels one large
 Of autopsy **Mural thrombus of aorta**
cardiac hypertrophy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (e) Means of injury.....

23. Signature **Harry G. Buslow** (M. D. or other) **M.D.**
 Address **Mcnamara State Bldg** Date signed **5/11/42**

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

734

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.