

FILED FEB 9 1943

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1016

1. PLACE OF DEATH:

(a) County Missouri Baptist Hospital
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist 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:

(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1387 Union Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AUGUST WINKEL

3. (b) If veteran, name war _____

3. (c) Social Security No. 487-26-1086

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. 16 - 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Steamfitter

11. Industry or business _____

12. Name August Winkel

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

14. Maiden name Margaretta Lang

15. Birthplace St Louis sub. (City, town, or county) (State or foreign country)

16. (a) Informant Robert Winkel

(b) Address 1387 Union Blvd.

17. (a) Burial (b) Date thereof Feb. 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedland Cemetery

18. (a) Signature of funeral director _____

(b) Address 1389 Union Blvd.

19. (a) FEB 1 1943 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30th year 1943 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from December 5, 1942, to Jan 30, 1943; that I last saw him alive on Jan 29, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Solar pneumonia Duration 5 days

Due to _____
Due to _____

Other conditions Chronic myocarditis (Include pregnancy within 3 months of death) 2 years

Major findings: Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Notar John E. Everett (M. D. or other) M.D.
Address 4127 W. Washington Blvd. Date signed 1-30-43

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

MOTHER FATHER

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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address. *732 Remington*

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.