

FILED MAR 10 1943 318

Registration District No. Primary Registration District No.

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:  
5839 Southwest  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution nil (Specify whether years, months or days)

In this community..... (Specify whether 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. 5839 Southwest  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William T. Winkler

3. (b) If veteran, name war no 3. (c) Social Security No. 492-05-9546

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

6. (b) Name of husband or wife Opal Winkler 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Jan. 19, 1881  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>1</u>	<u>5</u>	hr. min.

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

10. Usual occupation Ins. Agent

11. Industry or business.....

12. Name Winfield Winkler

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

14. Maiden name Florence Walters

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

16. (a) Informant Opal Winkler

(b) Address 5839 Southwest

17. (a) Burial (b) Date thereof 2-27-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) FEB 26 1943 (b) J. F. Buddeck  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24  
year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 19 43 to Feb 24 43  
that I last saw her alive on Feb 24 43 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to arterio sclerosis 24yo

Due to.....

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

Major findings:  
Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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 J. F. Buddeck (M. D. or other)  
Address 3318 So Grand Date signed 2-26-43

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..... *J. P. Burgess*.....  
Licensed Embalmer No. *4029*.....  
P. O. Address..... *Maplewood*.....

**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.**