V. S. No. 2
10M—5-42
ev. 5-17-39
P-1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12994

Primary Registration District No. 1003

Registrar's No. 3202

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 hours (Specify whether
In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 091

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 3308 Lucas
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cais Winley Jr.

3. (b) If veteran, name war — — —

3. (c) Social Security No. —

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flora Winley

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Jan 5 1903 (Month) (Day) (Year)

8. AGE: Years 40 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Laborer

MOTHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

FATHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Flora Winley
(b) Address 5700 Clemens Ave

17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof 4-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation WYNN ARK

18. (a) Signature of funeral director Ellis Fun Home
(b) Address 2820 Goddard St.

19. (a) APR 5 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1, year 1943 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from March 31, 43 to April 1, 1943 that I last saw him alive on April 1, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Hypertrophy (Autopsy)	Unk.
Pericarditis (Autopsy)	"
Luetic Aortitis (autopsy)	"
Pulmonary Congestion (autopsy)	Terminal

Due to

Other conditions
(Include pregnancy within 3 months of death)

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 S. E. Smith (M. D. or other)

Address 260 Whittier Date signed 4/2/43

(Licensed Embalmer's Statement on Reverse Side)

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 L. Boykin, Registered Apprentice No. [illegible], working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St. Louis 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.