

FILED JUN 12 1943

State File No.

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 1362

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7108 Nashville
(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)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. L.

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 7108 Nashville
(If rural, give location)

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

3. (a) PRINT FULL NAME Katherine Winiker

3. (b) If veteran, name war no 3. (c) Social Security No. NO

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

6. (b) Name of husband or wife Edward J. Winiker 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 24, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 6 15 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name James F. Goodell

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

14. Maiden name Unknown

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

16. (a) Informant Wanita Chandler
(b) Address 7108 Nashville

17. (a) Cremation (b) Date thereof 6-11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) JUN 11 1943 (b) C. J. McLaughlin, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1943 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Sept 5
1941 to June 8 1943
that I last saw her alive on June 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Arteriosclerosis

Due to.....

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations [Signature]

Of autopsy.....

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 Louis H Bender Do 12
(M.D. or other) MD
Address 3772 Bayless Ave Date signed 6/10/43

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

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*

JUN 30 1954

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.