

FILED JUN 19 1943 318

Registration District No. 318

Primary Registration District No. 1003

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17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
6301 Vermont Ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community..... **72 years**
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME..... **ELIZABETH WINKLER**

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

4. Sex..... **Female** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife..... **Benedict Winkler**

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

7. Birth date of deceased..... **March 31 1871**
(Month) (Day) (Year)

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

72	2	9	
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hr. min.

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

10. Usual occupation..... **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Bernard Windmoeller**

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

14. Maiden name..... **Unknown**

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

16. (a) Informant..... **Mrs. Kate Flier**

(b) Address..... **6301 Vermont Ave., St. Louis, Mo.**

17. (a) Burial, cremation, or removal..... **Burial**

(b) Date thereof..... **June 12, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Old St. Peter & Paul Cem**

18. (a) Signature of funeral director..... **C. N. [Signature]**

(b) Address..... **7814 S. Broadway, St. Louis, Mo.**

19. (a) JUN 11 1943 (Date received local health officer)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **0901**

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

(d) Street No..... **6301 Vermont**
(If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **June** day..... **9th**
year..... **1943** hour..... **7** minute..... **45 p.** M.

21. I hereby certify that I attended the deceased from **6/9-43**
11-10 19**43** to **June 9 43** 19**43**
that I last saw the deceased alive on **June 9 43** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral Hemorrhage**

Due to..... **Cerebral Sclerosis**

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

Major findings: Of operations..... **no**

Of autopsy..... **no**

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..... **[Signature]** (M. D. or other)

Address..... **4065 So Grand** Date signed..... **6/11/43**

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.....

Paul A. Shanklin

....., Registered Apprentice No.

working under my personal supervision.

Signed *Paul A. Shanklin*
.....
Licensed Embalmer No. *3472*
.....
P. O. Address *7814 85 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.