

S. No. 2  
DM-2-43  
5-17-39  
P-1 X3587

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3710C  
9833  
Registrar's No.

FILED NOV 18 1943

318

Registration District No.

Primary Registration District No.

1003

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:  
1915 S. Compton Ave  
(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

3. (a) PRINT FULL NAME Joseph E Winklejohn

3. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. 498-09-3810

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 10 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 4 29 hr. \_\_\_\_\_ min.

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

10. Usual occupation Cabinet Maker

11. Industry or business National Chair Co

12. Name Bernard Winklejohn

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

14. Maiden name Elizabeth Schneider

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

16. (a) Informant Melvin E. Williams

(b) Address 1915 S. Compton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-43 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter and Paul

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) NOV 10 1943 (Date received local registrar) J. F. Brubaker (Registrar's signature)

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. 1915 S. Compton Ave (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day November  
year 1943 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov 6 1943, to Nov 9 1943  
that I last saw him alive on Nov 8 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute B conchitistis? Duration 4 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Acute Dilatation of heart day  
(Include pregnancy within 3 months of death)

Major findings: none Of operations \_\_\_\_\_

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:

(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) Means of injury Car

23. Signature J. F. Brubaker (M. D. \_\_\_\_\_)  
Address 3029 Lafayette Date signed 11/9/43

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

MOTHER FATHER

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**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 Frank J. Dwyer.....

Licensed Embalmer No. 2245.....

P. O. Address So. ........

**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.**