

FILED JAN 12 1944

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution 5000 Harrison Ave.
4500 Washington Ave. 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-25-1926-12-29-43
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 512
(d) Street No. 4500 Washington Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Susanna Winkler

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced, wid. 2 divorced Wid.

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 13th, 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 1 16 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Abraham Sarbock
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Buri
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Overbeck
(b) Address 4500 Washington Ave.

17. (a) Burial (b) Date thereof 12-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 E. Grand Blvd.

19. (a) DEC 29 1943 J. F. Bredack
(Date received local certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29th.
year 1943 hour 10.15 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 27 to Dec. 29 1943
that I last saw her alive on Dec. 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death auricular fibrillation
Duration _____

Due to _____
Due to _____

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 J. F. Bergmann M. D. or other M.D.
Address 3720 Washington Date signed 12/29/43

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand

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.