

S. No. 2
UM-5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9618**

FILED MAR 20 1944 18

Primary Registration District No. **1003**

Registrar's No. **2415**

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 township)
(c) Name of hospital or institution:
1431 Penrose
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 74 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1431 Penrose (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Winkler
(b) If veteran, name war Nil
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 11th
year 1944 hour 12 minute 05 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
7. Birth date of deceased: January 25 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 7
1944 to March 10, 1944
that I last saw her alive on March 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 24 hrs.

8. AGE: Years 74 Months 1 Days 16
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housework

Other conditions Arterio-sclerosis
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Henry Redecker
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Peters
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John C. Winkler
(b) Address 1431 Penrose
17. (a) Burial (b) Date thereof March 14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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?
(Specify type of place) _____
While at work _____ (e) Means of injury _____

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.
MAR 13 1944
19. (a) (Date received local registrar) (b) J. F. Redecker (Registrar's signature)

23. Signature John J. Mullis (M. D. or other) J. F. Redecker
Address 3825 N. 20th Date signed 3/11/44

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

MOTHER FATHER

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..... *Alfred J. Poedeker*

Licensed Embalmer No. *2663*

P. O. Address..... *5934 Alpha*

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.