

FILED AUG 8 1944 318

Registration District No. Primary Registration District No. 100 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jewish Hos'p  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 10 days  
(Specify whether  
In this community 60 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Berlinger Nursing Home  
(If rural, give location) N.R  
(e) Citizen of foreign country? (Yes or No) /  
If yes, name country.

3. (a) PRINT FULL NAME

Charles Winters.

3. (b) If veteran, name war none 3. (c) Social Security No. none

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 February 11, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 5 19 hr. min

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

10. Usual occupation salesman

11. Industry or business

MOTHER FATHER { 12. Name Max Winters  
13. Birthplace Bohemia  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Gunther  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sidney Kaufman  
(b) Address 5768 Westminister

17. (a) Cremation (b) Date thereof 8/1/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Mayer  
(b) Address 4356 Lindell

19. (a) JUL 31 1944 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1944 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from July 20, 1944 to July 30, 1944  
that I last saw him alive on July 30, 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Post-operative shock  
Septicemia Duration

Due to Non syphilitic  
Due to Septicemia  
Other conditions Septicemia  
(Include pregnancy within 3 months of death)

Major findings: Of operations Hypertrophy of Prostate  
Of autopsy arteriosclerosis - atherosclerosis of aorta  
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? \_\_\_\_\_

(Specify type of place) While at work? (c) Means of injury \_\_\_\_\_

23. Signature Benj. Meyer (M. D. or other) \_\_\_\_\_  
Address 539 N. Grand Date signed 7/30/44

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

AUG 21 1944

**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. W. Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address.....

**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.**