

S. No. 2
M-5-43
5-17-39
I X36671

FILED FEB 1 1946

Registration District No. 318

Primary Registration District No. 1003

State File No. _____

Registrar's No. 630

1. PLACE OF DEATH:

(a) County _____
(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:
Little Flower Retreat-2500 S. 18th St. 4
(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 Julia Winchester

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 Single

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

7. Birth date of deceased December 26, 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil.

11. Industry or business _____

MOTHER FATHER

12. Name Edward Winchester

13. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)

14. Maiden name Ann Dorsey

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

16. (a) Informant Mrs. W. G. Nivin

(b) Address 201 E. Garfield Belleville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/46
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester, St. Louis, Mo.

19. (a) JAN 20 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL PLACE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2500 S. 18th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1946 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec 17 1946 to Jan 19 1946 that I last saw her alive on Jan 19 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Disease

Due to _____

Due to _____

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

Major findings: _____

Of operations: _____

Of autopsy: _____

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 Paul B. Webb (M. D. or other) 740

Address 1915 S. Sidney St Date signed 1/19/46

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

3233

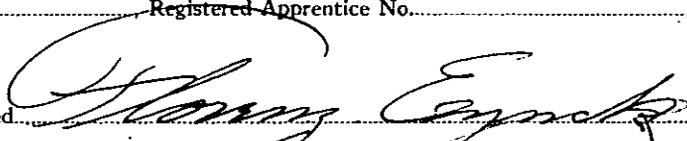
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....



Licensed Embalmer No.

1284

P. O. Address... St. Louis, Mo.

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.