

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10673/

State File No. _____
Registrar's No. 580

Registration District No. 317 Primary Registration District No. 2002

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7209 Shaftsbury, /
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis, 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. # 7209 Shaftsbury.
(If rural, give location) 1
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGUERITE WINNINGHAM
3. (b) If veteran, name war no 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 6
year 1946 hour 10:35 minute A. M.
21. I hereby certify that I attended the deceased from
July 1921 to March 6, 1946
that I last saw her alive on March 6, 1946
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Otto Winningham, 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased May 11 1888
(Month) (Day) (Year)

Immediate cause of death Brain tumor Duration 5-6-45
and inoperable (diagnosis)
Due to 56d
Due to _____
Other conditions (include pregnancy within 3 months of death)
12-16-45 Dr. E. Sch

8. AGE: Years Months Days If less than one day
57 9 25 hr. min.
9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

Major findings: Alien left to deal
Of operations: sp. fill later in life
Of autopsy: hc
PHYSICIAN _____
Underline cause to which death should be charged statistically.

10. Usual occupation at home
11. Industry or business _____
12. Name Joseph Varey. -
13. Birthplace England /
(City, town, or county) (State or foreign country)
14. Maiden name Maria Smith,
15. Birthplace England 4
(City, town, or county) (State or foreign country)

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 Ohio
23. Signature Frederick (M. D. or other) h10
Address U.S. Army Date signed 3-6-46

16. (a) Informant Otto Winningham,
(b) Address 7209 Shaftsbury.
17. (a) Burial (b) Date thereof 3/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director C.R. Lupton & Sons,
(b) Address 7233 Delmar Blvd,
3-8-46 (Date received local registrar) (Registrar's signature) at

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

3303

864 Hamilton
CA 2354
1 to 2 PM.

APR 30 1945

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.