S. No. 2
M—2-43
. 5-17-39
I X35897

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

14278

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 18 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15339

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 3306

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5209 Idaho
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1517
(d) Street No. 5209 Idaho (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Anna Winkler

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 Married

6. (b) Name of husband or wife Arthur

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Aug. (Month) 1 (Day) 1886 (Year)

8. AGE: Years 59 | Months 8 | Days 7 | If less than one day hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Weber
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Marie Erbe
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Arthur Winkler
(b) Address 5209 Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Wacker-Feldale
(b) Address 3634 Gravois Ave.

19. (a) APR 10 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1946 hour 1 minute 35P M.

21. I hereby certify that I attended the deceased from 2/10, 1945, to 4/8, 1946 that I last saw her alive on 4/8, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis (a) — Duration 3 wks

Due to (b)

Due to (c)

Other conditions (Include pregnancy within 3 months of death) Arteio-sclerosis, chr. interstitial nephritis, hypertension — many years

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 P. S. Moskop M. D. (M. D. or other)
Address 355 + Victor St. Date signed 4/9/46

(Licensed Embalmer's Statement on Reverse Side) ST. LOUIS (4) MO.

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.....

Licensed Embalmer No. 2675

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.