

S. No. 2  
M-5-43  
7-5-17-39  
P I X36671

74742  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

15340

FILED MAY 2 1946  
318

STANDARD CERTIFICATE OF DEATH  
1005

State File No. \_\_\_\_\_  
Registrar's No. 3817

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town (If outside city or town limits, write "RURAL" and name of township) St. Louis  
(c) Name of hospital or institution: St. Louis City Hospital  
Max Starkloff Memorial  
(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 MD. (b) County 000  
(c) City or town ST. LOUIS 2317  
(d) Street No. 1744 PRESTON PLACE 9  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RUDOLPH WINTERING  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 25  
year 1946 hour 11 minute 50 a. M.  
21. I hereby certify that I attended the deceased from 2-25-46  
to 4-25-46  
that I last saw him alive on 4-25-46  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced, MARRIED  
6. (b) Name of husband or wife Jennie WINTERING  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased SEPTEMBER 13 - 1883  
(Month) (Day) (Year)

Immediate cause of death: Squamous Cell Carcinoma of left tonsil & metastases to neck  
Duration 6 months

8. AGE: Years 62 Months 7 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

Other conditions: Chronic heart failure  
(Include pregnancy within 6 months of death)  
② Interstitial heart disease  
Major findings: ③ Uremia  
Of operations \_\_\_\_\_

10. Usual occupation IRON WORKER  
11. Industry or business  
12. Name HENRY WINTERING  
13. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)  
14. Maiden name CASINO BREER  
15. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

Of autopsy as above  
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? \_\_\_\_\_

16. (a) Informant Jennie WINTERING  
(b) Address 1744 Preston Place  
17. (a) BURIAL (b) Date thereof APRIL 29 - 46  
(Burial, cremation, or other) (Month) (Day) (Year)  
(c) Place: burial or cremation S. S. PETER & PAULS

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) O  
Address CITY HOSPITAL Date signed 4-25-46

18. (a) Signature of funeral director E. J. SCHNUR  
(b) Address 3125 Lafayette Ave.  
19. (a) APR 26 1946 (Date received local burial) J. J. Bredek (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

15340

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**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.....

*Joseph B. Volmer*

Licensed Embalmer No. *4014*

P. O. Address.....

*St Louis 40020*

**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.**