S. No. 2
M—2-43
. 5-17-39
21 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21297

FILED JUN 20 1946

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1262

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 5 days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co.
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 816 Big Bend
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

WINTHERS

3. (a) PRINT FULL NAME Niel P. Winthers
3. (b) If veteran, name war N.O.
3. (c) Social Security No.
4. Sex Male
5. Color or race wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Clausen
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased 1 (Month) 15 (Day) 89 (Year)

8. AGE: Years	Months	Days	If less than one day
57	4	24	hr. min.

9. Birthplace Webster Groves (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Electrician
11. Industry or business
MOTHER FATHER
12. Name Abel Winters
13. Birthplace Denmark (City, town, or county) (State or foreign country)
14. Maiden name Marie Jensen
15. Birthplace Denmark (City, town, or county) (State or foreign country)
16. (a) Informant Clifford P. Winters
(b) Address 816 Big Bend, Web. Groves
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-11-1946 (Month) (Day) (Year)
(c) Place: burial or cremation OAKHILL CEM
18. (a) Signature of funeral director Parker Lund Co.
(b) Address WEBSTER GROVES, Mo.
19. (a) 6-11-46 (Date received local registrar) (b) E. L. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th year 1946 hour 1 minute 55 P.M.
21. I hereby certify that I attended the deceased from May 3rd, 1946 to June 8, 1946 that I last saw him alive on June 8th, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	2 days
Due to Cachexia	6 months
Due to Pulmonary Neoplasm	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy As above

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? (e) Means of injury

23. Signature Carl B. Watterson (M. D. or other) M.D.
Address St. Louis Co. Hospital Date signed 6/8/46

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 1946

JUN 28 1946

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves M

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.