

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31355

FILED 2 1946
Registration District No. 2

Primary Registration District No. 6076

State File No. _____

Registrar's No. 1984

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ladue
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9221 Ladue Rd.
(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 Ladue 12
(If outside city or town limits, write "RURAL")

(d) Street No. 9221 Ladue Road,
(If rural, give location) 1

(e) Citizen of foreign country? _____ (Yes or No) 9

If yes, name country _____

3. (a) PRINT FULL NAME WINTER, Oscar

3. (b) If veteran, name war No.

3. (c) Social Security No. 489-09-5041

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1946 hour 10 minute 10 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mae L. Pauley 2/15/13

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: February 13, 1891-1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/21/46, 19____ to 9/22/46, 19____
that I last saw him alive on 9/22/46, 19____
and that death occurred on the date and hour stated above.

| | | | | |
|-----------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| <u>54</u> | <u>55</u> | <u>7</u> | <u>9</u> | hr. _____ min. _____ |

Immediate cause of death: Acute Coronary Thrombosis

Due to 940

Due to _____

9. Birthplace: St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Pres. Southwest Bolt & Nut Co.

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

11. Industry or business: Manufacturers

12. Name: Unknown Winter

13. Birthplace: Unknown Esson Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown Pauline Esser

Major findings: No operation

Of operations _____

Of autopsy: No autopsy

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

16. Informant: Kerwin P. Winter,

16. Address: 9221 Ladue Rd.

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? _____

17. (a) _____ (b) Date thereof: 9/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director: Robert J. Ambruster, Inc.

(b) Address: Clayton Rd. at Concordia Lane

19. (a) 9-25-46 (b) Robert J. Ambruster, M.D.
(Date received local registrar) (Registrar's signature)

22. (Specify type of place) _____
While at work _____ (c) Means of injury _____

23. Signature: Charles N. Breden (M. D. OCCUPEN) MD
Address: 3720 Washington Blvd. Date signed: 9/23/46

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

MOVER FATHER
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-46

OCT 2 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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.

Clayton Road at Concordia Lane
Saint Louis

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Division of Vital Statistics,
Jefferson City, Missouri

Gentlemen:

Earlier this date a request was made for 15 certified copies of the certificate of death of Oscar Winter who died at his residence, 9221 Ladue Road, Ladue 5, Missouri.

Before issuing these certificate I would like to have you make the following corrections on the original certificate:

The Social Security Number was 489-09-5041
The correct date of birth is February 13, 1892
The correct age is 54 years, 7 months and 9 days
The maiden name of the Mother was Pauline Esser
The birthplace of both the Mother and Father was Essen, Germany.

Respectfully submitted,

Kevin P. Winter
Son of Oscar Winter

State of Missouri
County of St. Louis

Subscribed and sworn to before me this 25th day of September, 1946.

Robert J. [Signature]
Notary Public. Com. exp. 8/1/48

31355