

No. 2
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5-17-39
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FILED MAR 14 1947
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7150
Registrar's No. 2364

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starloff
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME MARCELLA WINZER

3. (b) If veteran, name war No
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife GEORGE WINZER
7. Birth date of deceased SEPT. 9 1878

8. AGE: Years 69 Months 5 Days 27
If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

MOTHER FATHER
12. Name JOHN MCDONALD
13. Birthplace IRELAND 4
14. Maiden name MARGARET BURNS
15. Birthplace IRELAND 4

16. (a) Informant Mrs. Mary Stoops
(b) Address 4712 Ray av

17. (a) BURIAL (b) Date thereof MARCH 8-47
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schiur
(b) Address 3125 Lafayette av

19. (a) MAR 8 1947 (b) Registrar's signature J. Schiur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County
(c) City or town ST. LOUIS
(d) Street No. 4712 A RAY AV. Memorial
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th
year 1947 hour 1:20 minute P M.
21. I hereby certify that I attended the deceased from 3/2/47
to 3/6/47
that I last saw her alive on 3/6/47
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebrovascular accident
Due to: Hypertension Cardiovascular disease
Due to: Arteriosclerosis
Other conditions: 93
Duration: 6 days
10 yrs
10 yrs

PHYSICIAN
Major findings:
Of operations:
Of autopsy:
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature 15th Lafayette St. 3/6/47
Address Date signed

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

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.....

Jose B. Kollmer

Licensed Embalmer No.....

4014

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.