

No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **2905**

FILED MAR 31 1947

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution;
3429 Oregon Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3429 Oregon Ave.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Charles W. Winterer**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **17th**
 year **1947** hour **3** minute **A** M.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Clara**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **June 7, 1872**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 10**, 1947 to **March 16**, 1947
 that I last saw him alive on **March 13**, 1947
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
74	9	10		hr. _____ min.

Immediate cause of death
Coronary Artery Disease Duration **6 hrs**

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

Due to **arterio sclerosis**

10. Usual occupation **Optician**

Other conditions (Include pregnancy within 3 months of death) **9/4/47**

11. Industry or business _____

Major findings: Of operations **none**

MOTHER FATHER { 12. Name **Charles W. Winterer**

Of autopsy **none**

13. Birthplace **Germany**

14. Maiden name **Caroline Futscher**

15. Birthplace **Germany**

16. (a) Informant **Harry G. Winterer**

(b) Address **5427 Eichelberger Ave.**

17. (a) **Burial** (b) Date thereof **3/20/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **John N. Gebken, St. Louis, Mo.**

(b) Address **2630 Gravois Ave.**

19. (a) **MAR 18 1947** (b) **J. F. Brunck**
(Date received local registrar) (Registrar's signature)

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? **no**

23. Signature **W. S. [unclear]** (M. D. or other) **led.**
 Address **3318 8 Grand** Date signed **3-17-47**

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 Robert J. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.