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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15801

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1511

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. 9 NR.1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emil Winheim Sr.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katie Winheim

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

7. Birth date of deceased October (Month) 10 (Day) 1870 (Year)

8. AGE: Years 76 Months 6 Days 21 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Self

MOTHER FATHER

12. Name William Winheim

13. Birthplace (City, town, or county) Germany (State or foreign country)

14. Maiden name Caroline

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

16. (a) Informant Adolph H. Winheim
(b) Address R.R.9 Lemay, 23, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Cem. Oakville

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway

19. (a) MAY 3 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1947 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 13, 1947, 19..., to May 1, 1947, 19...; that I last saw him alive on May 1, 1947, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	3 wks
Due to: Stenosis of aortic valve & arteriosclerotic heart disease	5-10 years
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): Chronic bronchitis	10-15 years
Bronchopneumonia	

Major findings:
Of operations
Of autopsy Stenosis of aortic valve, hypertrophy of heart, hypostasis of lungs, arteriosclerosis, chronic bronchitis, bronchopneumonia

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 Patricia F. Lanier (M. D. or other) M.D.
Address Barnes Hospital Date signed 5/1/47

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

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.