

S. No. 2  
A-12-45  
v. 5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 28 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **16013**  
Registrar's No. **897**

Registration District No. **37**

Primary Registration District No. **6076**

**1. PLACE OF DEATH:**  
(a) County St. Louis  
(b) City or town Afton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Danna & Forman 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 and  
(c) City or town St/Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6036 O'Dell Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Hooper P. Winfrey  
3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Florence Winfrey 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased 9/29/1875  
(Month) (Day) (Year)

**8. AGE:** Years 71 Months 5 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Nashville Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Furniture Mover

11. Industry or business Lindell Moving Co

**MOTHER** { 12. Name Thomas Winfrey  
13. Birthplace Nashville Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Balle Hobson  
15. Birthplace Nashville Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Langdale Winfrey  
(b) Address 4528 W. Papin St

17. (a) Burial (b) Date thereof 4/19/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster, Inc  
(b) Address 6633 Clayton Road

19. (a) 4-21-47 (b) Cecil R. Johnson  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month April day 18th,  
year 1947 hour 5.20 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 4/18/47, 19\_\_\_\_;  
that I last saw h. im alive on 4/18/47, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Carcinoma  
metastatic  
Due to \_\_\_\_\_  
Carcinoma, primary site  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature M. R. Wilucki (M. D. or other) MD  
Address 5102 A Gravois Ave Date signed 4/18/47

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..... *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.**