

Registration District No. **318**

Primary Registration District No. **1003**

State File No. _____

Registrar's No. **4859**

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:
4421 Ashland 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)
 In this community 46 Yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
 (d) Street No. 4421 Ashland Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Albert Winings

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

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Grace M. Winings
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased October 23, 1869.
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Rising Sun, Indiana.
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk
 11. Industry or business Wholesale Dry Goods Co

12. Name James K. Winings
 13. Birthplace Rising Sun, Indiana.
(City, town, or county) (State or foreign country)
 14. Maiden name Emma Courtney
 15. Birthplace Indiana.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace M. Winings
 (b) Address 4421 Ashland Ave.

17. (a) Burial (b) Date thereof May 15, 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery.
 18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4823 Natural Bridge Blvd.

19. (a) MAY 14 1947 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th
 year 1947 hour 6:15 minute P. M.

21. I hereby certify that I attended the deceased from 5/10 to 5/11, 1947.
 that I last saw him alive on 5/11 to 5/11, 1947.
 and that death occurred on the 11th date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____

Due to Atherosclerosis

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) (e) Means of injury 0

23. Signature J. F. Brebeck (M. D. or other) _____

Address 7901 W. Municipal Date signed 5/13/47

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 *John A. Mlinar*
Licensed Embalmer No. *4186*
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.