No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29687

FILED SEP 2 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7885

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

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: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1yr 11mos 9mos (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. ~~[illegible]~~ City Sanitarium
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No) 13

If yes, name country Russia

3. (a) PRINT FULL NAME ANNA WINKLER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased ? (Month) ? (Day) 1880 (Year)

8. AGE abt — Years 67 Months ? Days ? If less than one day hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business

FATHER
12. Name not known
13. Birthplace (City, town, or county) not known Russia (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace (City, town, or county) not known Russia (State or foreign country)

16. (a) Informant Thelma Singler
(b) Address 5400 Arsenal St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation CheURAH KADISHA

18. (a) Signature of funeral director Henhanshu
(b) Address 5010 Enright

19. (a) AUG 19 1947 (Date received local registrar) (b) J. F. Breslak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19th
year 1947 hour 2:10 minute A. M.

21. I hereby certify that I attended the deceased from July 1 1947, to to August 19 1947;
that I last saw her alive on August 19 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Arteriosclerotic Heart Disease	6 yrsx
~~Due to~~ XXXXX Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

PHYSICIAN

Underline the cause of 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 W. G. Amey M.D. (M. D. or other)

Address 5400 Arsenal Date signed 8/19/47

Jefferson City Printing Co.

(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 [signature]

Licensed Embalmer No. 3669

P. O. Address .....

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.