

No. 2  
-5-43  
5-17-39  
I X36671

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8005**

**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:  
**St. Louis Childrens Hospital**  
(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.....

**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. **913 North Market St.**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **Ruby Mae Winningham**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **None**

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month **8** day **23**  
 year **47** hour **6** minute **45** P.M.

21. I hereby certify that I attended the deceased from **8-13-1947** to **8-23-47**  
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Child**

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

7. Birth date of deceased **August 9 1941**  
(Month) (Day) (Year)

Immediate cause of death **typhoid fever** Duration

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

**8. AGE:**

Years	Months	Days	If less than one day
<b>6</b>	<b>0</b>	<b>14</b>	hr. min.

9. Birthplace **Bradford Arkansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business.....

MOTHER FATHER { 12. Name **Harvey Winningham**

13. Birthplace **Bradford Arkansas**  
(City, town, or county) (State or foreign country)

14. Maiden name **Jetta Rodgers**

15. Birthplace **Rivervale Arkansas**  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations.....

Of autopsy.....

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Harvey Winningham**

(b) Address **913 North Market St.**

17. (a) **Removal** (b) Date thereof **8-24-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Newport, Ark.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **AUG 24 1947** (b) **J. F. Brudick**  
(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?.....

While at work?.....  
(Specify type of place) (e) Means of injury.....

23. Signature **K. J. Blatter** (M. D. or other).....  
 Address..... Date signed.....

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

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**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 S. Kenneby*  
.....  
Licensed Embalmer No. *4194*

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.**