U. S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40355

Registration District No. 318 / Primary Registration District No. 1003 / Registrar's No. 11266

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, state 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 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2508 Slattery St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN WINTERBAUER
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 Widower
6. (b) Name of husband or wife Martha Winterbauer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 8 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
72	10	29	hr. min.

9. Birthplace Freeburg (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Upholsterer
11. Industry or business
FATHER
12. Name John H. Winterbauer
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Cecelia Westerman
15. Birthplace Berlin (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mr. John Winterbauer, Jr.
(b) Address 2508 Slattery St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.
19. (a) DEC 9 1947 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 7th year 1947 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from 11/25/47 to Dec. 7th 1947 and that I last saw him alive on Dec. 7th 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Encephalomalacia of right basal ganglia + right cerebral hemisphere	2 weeks
Due to Embolism of right middle cerebral artery.	2 weeks
Due to Arteriosclerotic heart disease	
Other conditions Malnutrition (Include pregnancy within 3 months of death)	

Major findings: Of operations None
Of autopsy Refused

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 Warren B. Miller (M. D. or other)
Address 1515 Lafayette Date signed 12/8/47

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 Fred Frick

Licensed Embalmer No. 3186

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.