

No. 300  
-10-47  
5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

W. W. Winger 17349  
State File No. 17349  
Registrar's No. 545

FILED MAR 8 1948  
Registration District No. 377

Primary Registration District No. 6876

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
10,611 Clarendon Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 5-Years  
years, months or days)

3. (a) PRINT FULL NAME Curtis R. Williams  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive Decd. years  
7. Birth date of deceased March 24 1886  
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 2  
If less than one day hr. min.

9. Birthplace Pittsburgh Penna.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Unemployed

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant John F. Meyers  
(b) Address 99 24 Driver Ave-Overland-14-No.

17. (a) Burial (b) Date thereof 2-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director D. W. Winger  
(b) Address 2504-Woodson Rd-Overland-14-No.

19. (a) 2-25-48 (b) W. W. Winger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 10,611 Clarendon Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26  
year 1948 hour 1 minute 30 A. M.  
21. I hereby certify that I attended the deceased from Feb. 1946  
\_\_\_\_\_ 19\_\_\_\_ to Feb. 26<sup>th</sup> 1948  
that I last saw him alive on 2-26<sup>th</sup> 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 2 yrs.

Due to 93d  
Due to \_\_\_\_\_

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

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

23. Signature W. W. Winger (M. D. or other) \_\_\_\_\_  
Address 8900 St. Chollis Rd. Date signed 2/27/48

**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 B454

....., Registered Apprentice No.....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 7th

**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.**