

S. No. 300
M-10-47
v. 5-17-39
I 3906

#30516
FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18165**
Registrar's No. **5082**

FILED JUN 12 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5082**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital—Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME FRED WINTHER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Amelia Winther

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

7. Birth date of deceased: September 25-1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>8</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace: St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business _____

MOTHER FATHER

12. Name Charles F. Winther

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Philomina Wallermeyer

15. Birthplace Hanover, Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Leona Ray

(b) Address 1034 Allen Avenue

17. (a) Burial (b) Date thereof 6-3-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Mayhull Wnd. Co.

(b) Address 1926 Allen Avenue

19. (a) JUN 2 1948 (b) J. E. Brock
(Date received local registrar) (Registrar's signature)

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. 1034 Allen Avenue 9
(If rural, give location)

Memorial _____

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country 23

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
year 1948 hour 8 minute 05 A M.

21. I hereby certify that I attended the deceased from 5/27/48
_____, 19____, to May 31st, 1948

that I last saw him alive on May 31st, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Duration _____

Due to Aneurysm of the thoracic aorta—Syphilis not indicated unk.

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 7/6

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? _____

(Specify type of place)

While at work? John Winther (c) Means of injury 0

23. Signature 1515 Lafayette 6/1/48 or other) _____
Address _____ Date signed _____

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.....

..... Me, Registered Apprentice No.

working under my personal supervision.

Signed Berj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.