

## STANDARD CERTIFICATE OF DEATH

State File No. **21488**National Office of Vital Statistics  
FILED JUN 28 1948Registration District No. **318**Primary Registration District No. **1003**Registrar's No. **5647**

## 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:  
Homer G Phillips Hospital **0**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
 (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME Nathan James Winbush3. (b) If veteran,  
name war -----3. (c) Social Security No.  
493-01-2479

4. Sex Male **2** 5. Color or race Col  
 6. (a) Single, widowed, married, divorced Sep.  
 6. (c) Age of husband or wife if alive ----- years  
 7. Birth date of deceased Nov. 11 1916  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
31 7 7 hr. min.

9. Birthplace Evadale, Arkansas  
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business -----

MOTHER FATHER  
 12. Name Alston Winbush  
 13. Birthplace Henning, Tenn.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Josie Blakley  
 15. Birthplace Mound City, Arkansas  
 (City, town, or county) (State or foreign country)

16. (a) Informant Freddie Winbush  
 (b) Address 6 Picardy Lane, St. Louis, Mo.  
 17. (a) Removal (b) Date thereof June 18, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Charleston, Missouri

18. (a) Signature of funeral director F. J. Sparks  
 (b) Address Charleston, Missouri

19. (a) JUN 23 1948 (b) J. F. Brewer  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1-000  
 (c) City or town St. Louis **17**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4119 Pine St **9**  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No) **0**  
 If yes, name country -----

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
 year 1948 hour 7 minute 35 a. m.

21. I hereby certify that I attended the deceased from  
June 16, 1948, to June 18, 1948;  
 that I last saw him alive on June 18, 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart  
 Disease with Decompensation

Duration  
Undet.

Due to -----

Due to -----

Other conditions None  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations -----

Of autopsy No

## PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

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

23. Signature Oscar L. Daniels (M. D. or other) **0**  
 Address 2601 N Whittier Date signed 6/18/48

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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 Frank Sparks  
Licensed Embalmer No. 3455  
P. O. Address Cape Girardeau

**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.**