National Office of Vital Statistics
FILED JUL 15 1948

STANDARD CERTIFICATE OF DEATH

State File No. 21492
Registrar's No. 6001

Registration District No. 318 Primary Registration District No. 1002

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: 5052 Mardel Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5052 Mardel Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 14 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME LOUISA WINTER
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late Conrad
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 5 (Day) 1849 (Year)

8. AGE: Years 99 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Alsace, Lorraine (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Unknown Stock
13. Birthplace Alsace, Lorraine (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Alsace, Lorraine (City, town, or county) (State or foreign country)
16. (a) Informant Louis Winter
(b) Address 5052 Mardel Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter&Paul Cem.
18. (a) Signature of funeral director Kriegshauser Und.Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) JUL 6 1948 (Date received local registrar) (b) J. F. Bridget (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1948 hour 12:00 minute Noon M.
21. I hereby certify that I attended the deceased from 1942, to July 4, 1948 that I last saw her alive on July 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 1942
Due to Arterio Sclerosis
Due to Senility
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 [signature] (M. D. or other)
Address 5203 Chippewa St. Date signed 7/6/48

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. Edwin A. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.