No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 10 1948

Registration District No. 77

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 22629

Registrar's No. 180

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1300 E. Dunklin St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 24yrs (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole
(c) City or town: Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No.: 1300 E. Dunklin St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: August Herman F Wintermeyer
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Elsae Mae
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: August 3 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	0	1	hr. min.

9. Birthplace: Vlota, Germany. (City, town, or county) (State or foreign country)
10. Usual occupation: Postal Clerk
11. Industry or business:
FATHER
12. Name: Henry Wintermeyer
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Heneretta Begemann
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs August Wintermeyer
(b) Address: Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bonds Chapel Cemetery
18. (a) Signature of funeral director: Victor Buescher
(b) Address: Jefferson City, Mo.
19. (a) 8-6-48 (Date received local registrar) (b) R. C. Dorris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. 4 day: 4
year: 1948 hour: 3 minute: 45 P. M.
21. I hereby certify that I attended the deceased from June 15, 1948, to Aug. 4, 1948; that I last saw him alive on Aug 4, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Multiple Myloma	5 mos.
Due to: —	
Due to: —	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: X56	
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: H. M. Wiley (M. D. ~~or other~~)
Address: Jefferson City, Mo. Date signed: 8-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 9 1948

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 Victor Bueschu

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.