FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

24841

State File No.

Registrar's No. 6463

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1915a So. Compton Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Williams

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Joseph

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

7. Birth date of deceased October (Month) 10 (Day) 1867 (Year)

8. AGE: Years 80 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Carlyle, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business At Home

FATHER

12. Name Bernard Winklejahn

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

MOTHER

14. Maiden name Elizabeth Schmeiter

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

16. (a) Informant Melvin Williams

(b) Address 1915a So. Compton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-48 (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter + Paul

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) JUL 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th year 1948 hour 6 minute 15 P M.

21. I hereby certify that I attended the deceased from July 8 1948 to July 20 1948 that I last saw him alive on July 20 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Colon

Due to

Due to

Other conditions General Deterioration
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (e) Means of injury

23. Signature Seymour Kuh (M. D. or other)

Address 3606 Olive Date signed 7-21-48

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. S. H. Maizus
3606 Gravois
Sa 7380

La 1456

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette Av

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

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