

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**  
**1003**

24847  
State File No. \_\_\_\_\_  
Registrar's No. **6903**

Registration District No. **318**

Primary Registration District No. **1003**

**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 & Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 mos; 6 days  
(Specify whether  
In this community 20 yrs  
years, months or days)

**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. 4123 Kennerly  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Shirley Wintersmith

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Wintersmith 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased July 2nd 1908  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 1 1 hr. min.

9. Birthplace Oxford Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife as above

11. Industry or business \_\_\_\_\_

12. Name William R. Bales

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

14. Maiden name Rosie (unknown)

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

16. (a) Informant James Wintersmith

(b) Address 4123a Kennerly

17. (a) Burial (b) Date thereof 8/6/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Saint Peter's Cemetery

18. (a) Signature of funeral director Chas. J. Gates  
(b) Address 4107 Finney Ave.  
19. (a) AUG 5 - 1948 (b) J. A. Bredsch  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 3  
year 1948 hour 5 minute 55 P. M.

21. I hereby certify that I attended the deceased from May 28, 1948, to August 3, 1948  
that I last saw her alive on August 3, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Broncho-Pneumonia  
Carcinoma of Rectum with Metastases

Duration  
Unk  
Unk

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. Daniels (M. D., osteopath)  
Address 2601 N Whittier Date signed 8-4-48

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

6761 12 NYC

**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 Thomas J. Bates

Licensed Embalmer No. 4259

P. O. Address. 4107 7<sup>th</sup>

**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.