FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 14 1948

Registration District No. 3 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

State File No. 27459

Registrar's No. 295

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 yrs. 1 mos. 2 das. (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME HUGH DAVID WINER
3. (b) If veteran, name war Unknown
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May Lovett
6. (c) Age of husband or wife if alive Age Unk. years
7. Birth date of deceased March (Month) 6 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
61	5	28	hr. min.

9. Birthplace Rankin, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Electrician
11. Industry or business
MOTHER FATHER
12. Name James H. Winer
13. Birthplace House Springs, (City, town, or county) Missouri (State or foreign country)
14. Maiden name Annie A. Burgess
15. Birthplace Cedar Hill, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cem., Farmington, Mo.
18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Missouri
19. (a) 9-7-48 (Date received by local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4 year 1948 hour 11 minute 40 P.M.
21. I hereby certify that I attended the deceased from Sept. 4, 1948, 19..., to Sept. 4, 1948, 19...; that I last saw him alive on Sept. 4, 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage from G-I tract	8 hrs.
Due to: Malignancy of Stomach	Abt. 5 wks.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: No 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 John A. Brennan M.D. (M. D. or other)
Address State Hosp. #4, Farmington, Mo. Date signed 9/2/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 948 - 117

Date Filed 9 - 13 -

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 Paul K Dayal

Licensed Embalmer No. 4120

P. O. Address Farmington Mo

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.