

No. 309
1-10-47
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 28 1948
318

FEDERAL BUREAU OF INVESTIGATION
STANDARD CERTIFICATE OF DEATH
1003

28344
7164
State File No.
Registrar's No.

Registration District No. 318 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(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

3: (a) PRINT FULL NAME Robert W. Winn
3. (b) If veteran, name war None 3. (c) Social Security No. Unknown
4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Victoria Winn 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased June 9 1895 (Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 4 If less than one day hr. min.

9. Birthplace New London Missouri (City, town, or county) (State or foreign country)
10. Usual occupation State Treasurer

11. Industry or business
12. Name Thomas W. Winn
13. Birthplace Ralls County Missouri (City, town, or county) (State or foreign country)
14. Maiden name Joan Trabue
15. Birthplace Ralls County Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Victoria Winn (b) Address Jefferson City, Missouri
17. (a) Burial (b) Date thereof 8/16/48 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New London, Missouri
18. (a) Signature of funeral director Albert H. Hoppe (b) Address 4700 Washington Blvd.
19. (a) AUG 15 1948 (b) J. F. Credick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 71
(If outside city or town limits, write "RURAL")
(d) Street No. 1220 Elmerine Street., (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 13 year 1948 hour 2 minute 30 p.m.
21. I hereby certify that I attended the deceased from Aug. 10 1948 to Aug. 13 1948; that I last saw him alive on Aug. 13 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis Duration 3 days
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 A. H. Leggett (M. D. or other M.D.)
Address 3720 Washington Blvd. Date signed 8/14/48

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

MOTHER FATHER

MAR 4 1949

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 *Gustav W. Duitale*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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.