

No. 300
1-10-47
5-17-39
FD-1 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28345
Registrar's No. 7742

FILED SEP 13 1948
Registration District No. 19018

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

(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: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 minutes
Previously under IMD treatment. (Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Louis Winterbauer

3. (b) If veteran, name war _____

3. (c) Social Security No. 497-07-3534

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

7. Birth date of deceased MARCH 31 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 9 If less than one day hr. _____ min. _____

9. Birthplace ILLINOIS - 1
(City, town, or county) (State or foreign country)

10. Usual occupation SHOE WORKER

11. Industry or business _____

12. Name JOHN WINTERBAUER

13. Birthplace ILLINOIS 1
(City, town, or county) (State or foreign country)

14. Maiden name CECELIA WESTERMAN

15. Birthplace ILLINOIS 1
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ELIZABETH WINTERBAUER

(b) Address 1717 S. 7th

17. (a) BURIAL (b) Date thereof SEPT. 4, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CCM.

18. (a) Signature of funeral director Thos Kuti 1 son

(b) Address 2906 FRANKS

19. (a) SEP 2 1948 (b) J. F. Brudach
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1717 S. 7th
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1
year 1948 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from September 1
1948 to September 1 1948
that I last saw him alive on September 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema

Duration _____

Due to Hypertensive cardiovascular disease.

Due to _____

Other conditions _____
(Include pregnancy within 9 months of death)

Major findings:
Of operations _____

Of autopsy As above

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)
(c) Means of injury _____

23. Signature J. F. Brudach (M. D. or other) _____
Address Barnes Hospital, Date signed 9/1/48

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..... *Leo Budde*

Licensed Embalmer No. *3989*

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.