

No. 300
10-47
5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34857
State File No. _____
Registrar's No. 8900

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4135 Burgen Ave.
(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 IDA WINKELER
3: (b) If veteran, name war None
3: (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Late Frank
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 24 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 18 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Joseph Messmann

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

14. Maiden name Mary Pohl

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

16. (a) Informant Stephen Winkeler

(b) Address 4135 Burgen Ave.

17. (a) Burial (b) Date thereof 10-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegsphauser Und. Co.

(b) Address 4228 S. Kingshighway Bl.

19. (a) OCT 14 1948 (b) J. B. Casata
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4135 Burgen Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1948 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 1945 to Oct. 1948
that I last saw her alive on 10/12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Duration 6 days
Due to Hypertensive Cardiovascular Disease 5 yrs.

Other conditions Diabetes Mellitus 3 yrs.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 Robert A. Greenman (M. D. or other) M. D.
Address 5417 South Grand Blvd. Date signed 10/13/48

W. H. A. Howard
11/1/1911

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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

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.