

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

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED NOV 24 1948**  
Registration District No. 243

MISSOURI DEPARTMENT OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **38813**  
**9929**  
Registrar's No. \_\_\_\_\_

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital, D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 2 days  
years, months or days

**3. (a) PRINT FULL NAME** WINTERS, ALFRED  
3. (b) If veteran, name war No  
3. (c) Social Security No. NONE

4. Sex MALE D 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lottie Winter  
6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Nov 21 1884  
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 25  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Salesman

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

**MOTHER FATHER**  
12. Name Alfred Winter Sr.  
13. Birthplace ? England  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace ? England  
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie Winter  
(b) Address 2162 Edmond Ave

17. (a) Burial (b) Date thereof Nov. 18 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemt

18. (a) Signature of funeral director Jos. W. Clark  
(b) Address 1125 Hodiamont Ave.

19. (a) Nov 16 1948 J. B. Lavater  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State MISSOURI (b) County ST. LOUIS 93  
(c) City or town PINE LAWN D  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2162 EDMUND 1  
N.R. (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month NOVEMBER day 15th  
year 1948 hour 11 minute 05 M.

21. I hereby certify that I attended the deceased from Nov. 13, 1948 to Nov. 15, 1948  
that I last saw him alive on Nov. 15, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis, type undetermined  
Duration 1 wk.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Bronchopneumonia and carcinoma of the larynx and hypopharynx.  
(Includes pregnancy within 9 months of death)

Major findings: Primary - larynx  
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)  
(e) Means of injury \_\_\_\_\_

23. Signature FR Bradley (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital, Date signed 11/14/48

**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 *Gustav W. Dietz*

Licensed Embalmer No. *4379*

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.**