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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 1 1948
Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 39038
Registrar's No. 2671

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. John's Station
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3602 Roy 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town St. John's Station
(If outside city or town limits, write "RURAL")
(d) Street No. 3602 Roy Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Harry L. Winterbauer.

3. (b) If veteran, name war World War #2

3. (c) Social Security No. 489-05-0586

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased October (Month) 3 (Day) 1912 (Year)

8. AGE: Years 36 Months 1 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Upholsterer

11. Industry or business .....

FATHER
12. Name John H. Winterbauer
13. Birthplace Freeburg (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Marth Smith
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John H. Winterbauer Jr.
(b) Address 3621 Dunica Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ressurection Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.

19. (a) 11-18-48 (Date received local registrar) (b) Cecil A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1948 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Massive spontaneous sub-arachnoidal hemorrhage

Due to 830

Due to .....

Other conditions Chronic duodenal ulcer
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy as above

Duration

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? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Wilson G Brown (M. D. or other) M.D.
Address 601 Brentwood Blvd Clayton Mo Date signed Nov 16, 1948

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

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.