

No. 300
10. 48

96
Wm

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

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6916**
00438
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3068		State File No. 6916	
1. PLACE OF DEATH a. COUNTY St. Louis MO				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		d. STREET ADDRESS (If rural, give location) 7212 Sarah	
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) _____ c. (Last) Winters				4. DATE OF DEATH (Month) (Day) (Year) Feb. 5 1949			
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5/4/1866	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 9 Days 1	IF UNDER 1 HR. Hours 1 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Drake Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Henry Heidbrink		13b. MOTHER'S MAIDEN NAME Mary		14. NAME OF HUSBAND OR WIFE Henry Winters			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Allen Winters ADDRESS 7212 Sarah			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 3 days 9 year " "	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Maplewood St. Louis Co. Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Feb. 3 , 1949, to Feb. 5 , 1949, that I last saw the deceased alive on Feb. 5 , 1949, and that death occurred at 11:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter A. Dill M.D. (I)				23b. ADDRESS 7946 a Manchester Maplewood, Mo.		23c. DATE SIGNED 2-6-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE Feb. 8	24c. NAME OF CEMETERY OR CREMATORY Bethelham		24d. LOCATION (City, town, or county) (State) St. Louis County		
DATE REC'D BY LOCAL REG. 2/7/49		REGISTRAR'S SIGNATURE Thurid G. Lunge MD		25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith ADDRESS 7156 Manchester			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed J.P. Burgess

Signed _____

Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.