

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17902

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 910

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Clayton		c. CITY OR TOWN Rural, Clayton	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If rural, give location) Lindbergh & Clayton Rd.	

3. NAME OF DECEASED (Type or Print) Mathilda	a. (First)	b. (Middle)	c. (Last) Winke	4. DATE OF DEATH April 14, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	IF UNDER 1 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis County, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Preiss	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Fred Wipke
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Walter Wipke	ADDRESS R. R. Clayton, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound Fracture of Rt femur - avulsion of tibia		INTERVAL BETWEEN ONSET AND DEATH 4 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple pelvic fracture DUE TO (c) Traumatic shock (irreversible)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 68124170C			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	6 25 21	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at search street Clayton St Louis Mo.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo.
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21d. TIME OF INJURY 4 14 49 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Pt. struck & crushed against building by car jumping curb
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22. I hereby certify that I attended the deceased from **4/14/49 5PM** to **4/14/49 4:15 PM**, 19 **49**, that I last saw the deceased alive on **4/14/49**, 19 **49**, and that death occurred at **4:15 pm.**, from the causes and on the date stated above!

23a. SIGNATURE Rebecca R. Anderson MD	(Degree or title)	23b. ADDRESS St. Louis County Hospital	23c. DATE SIGNED 4/14/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/18/49	24c. NAME OF CEMETERY OR CREMATORY Elm Lawn Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. 4/15/49	REGISTRAR'S SIGNATURE Harold L. Jennings MD	25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc.	ADDRESS Kirkwood, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Felix Howard

Signed _____

Student Embalmer

Licensed Embalmer No. 3034

P. O. Address Kentwood 22 m

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.