

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32338

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>2806</u>							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis				c. LENGTH OF STAY (In this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. L. City Hosp. #1.				d. STREET ADDRESS (If rural, give location) 7124 Colorado Avenue									
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)				
CHARLES			WINANT		Sept.		7,		1949				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH Jan. 28, 1865		9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant				10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Alton, Illinois			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME Charles Winant				13b. MOTHER'S MAIDEN NAME Mary Bluemell			14. NAME OF HUSBAND OR WIFE Rachel						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Eva Coyle						ADDRESS 7124 Colorado Avenue		
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) <u>Fracture of the left femur</u> <u>Arteriosclerosis suffered when deceased fell to the floor in the kitchen at his home 7214 Colorado Ave on Sept 1st 1949</u> DUE TO (b) <u>at about 700 pm</u> DUE TO (c) <u>at about 700 pm</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>Arteriosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo 186</u>									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 1 49 7:00 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>WV</u>									
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:05 P. m.</u> , from the causes and on the date stated above. <u>WV</u>													
22a. SIGNATURE <u>WV</u>						22b. ADDRESS <u>1300 Clark</u>			22c. DATE SIGNED <u>9/9/49</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>9-9-49</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>			23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>						
DATE REC'D BY LOCAL REG. <u>SEP 9 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>				23e. FUNERAL DIRECTOR'S SIGNATURE <u>Allen N. McLaughlin 2301 Lafayette</u>							

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

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.

Student:
Student Embalmer

Signed _____

O. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.