S. No. 300
V. 10.48

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39456

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9712

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN St. Louis (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) HOME - 5928 Waterman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN St. Louis (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS 5928a Waterman (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) SAMUEL
b. (Middle) A.
c. (Last) WINKLER

4. DATE OF DEATH (Month) (Day) (Year) Nov. 10 - 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 10 - 1902
9. AGE (In years last birthday) 47
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Furniture
11. BIRTHPLACE (State or foreign country) Philadelphia Penn
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Adolphe Winkler
13b. MOTHER'S MAIDEN NAME Anna ?
14. NAME OF HUSBAND OR WIFE Mildred Winkler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mildred Winkler
ADDRESS 5928a Waterman

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — 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) Arteriosclerotic Heart Disease — 2 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 26, 1949, *to* Nov 10, 1949, *that I last saw the deceased alive on* Nov 2, 1949, *and that death occurred at* 6:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE Martin W. Davis, M.D. (Degree or title)
23b. ADDRESS 539 N Grand
23c. DATE SIGNED 11/10/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-11-1949
24c. NAME OF CEMETERY OR CREMATORY Cherrah Kadusha
24d. LOCATION (City, town, or county) (State) U City Mo

DATE REC'D BY LOCAL REG. NOV 11 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Kenhandler
ADDRESS 5010 Enright

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed W. J. Kenhandler

Licensed Embalmer No. 3669

P. O. Address 5010 Enright

Signed .....
Student Embalmer

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.