

FILED DEC 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42171

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 232	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (in this place) 4 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Black Walnut		72	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Carl c. (Last) Winkle			4. DATE OF DEATH (Month) (Day) (Year) December 9-1949				
5. SEX Male		16. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 20-1899	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rivet Heater		10b. KIND OF BUSINESS OR INDUSTRY A.C.&F. Co		11. BIRTHPLACE (State or foreign country) St. Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert Winkle			13b. MOTHER'S MAIDEN NAME Maggie (unknown)			14. NAME OF HUSBAND OR WIFE -----	
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 320-12-3832		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Winkle Rt 3 Florissant, Mo.			
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) Gen. arterio sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No.				INTERVAL BETWEEN ONSET AND DEATH 6 hrs. 10 yrs 331X	
19a. DATE OF OPERATION Dec 1		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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Dec 9 th , 1949, to Dec 9 th , 1949, that I last saw the deceased alive on Dec 9 th , 1949, and that death occurred at 9:00 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A.P. Erich Schulz M.D.				23b. ADDRESS St. Charles Mo.		23c. DATE SIGNED 12/12/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 12-1949		24c. NAME OF CEMETERY OR BURIAL PLACE St. Charles Borromeo		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri	
DATE REC'D BY LOCAL REG. 11-12-49		REGISTRAR'S SIGNATURE Kamina Hammett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.C. Dallmeyer & Sons Co. 800 N. 2nd - St. Charles, Mo.			

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

District File Number
District Health Officer No. 9,
RECEIVED DEC 16 1949

JAN 16 1950

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 4189

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Joseph F. Landover
Licensed Embalmer No. 4189

P. O. Address St Charles 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.