

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5649

79

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville	
c. LENGTH OF STAY (in this place) 8 Years		d. STREET ADDRESS (If rural, give location) 319 North Waters	
d. FULL NAME OF HOSPITAL OR INSTITUTION 319 North Waters		3. NAME OF DECEASED a. (First) Hugo b. (Middle) Frederick c. (Last) Winkler	
4. DATE OF DEATH February 19, 1950		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 21, 1883	
9. AGE (In years last birthday) 66		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Perry County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frank Winkler	
13b. MOTHER'S MAIDEN NAME Helen Meyer		14. NAME OF HUSBAND OR WIFE Anna Meyer Winkler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Winkler		ADDRESS Perryville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Chronic myocarditis Chronic emphysema DUE TO (b) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
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) _____		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 Apr 1942 to Feb 19, 1950 , that I last saw the deceased alive on Feb 18, 1950 , and that death occurred at 4:10 A. m. , from the causes and on the date stated above.	
23a. SIGNATURE A. Carron M.D. (Degree or title)		23b. ADDRESS Perryville Mo.	
23c. DATE SIGNED 2-20-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb. 21, 1950		24c. NAME OF CEMETERY OR CREMATORY St. Boniface	
24d. LOCATION (City, town, or county) (State) Perryville, Mo.		DATE REC'D BY LOCAL REG. Feb 21-1950	
REGISTRAR'S SIGNATURE Josef Zochner		25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey ADDRESS Perryville, Mo.	

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

RECEIVED

MAR 13 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-368

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Albert Bey

Signed.....
Student Embalmer

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.