

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28811  
Registrar's No. 6970

|   |                            |   |   |   |  |
|---|----------------------------|---|---|---|--|
| BIRTH NO. _____   |                            | REG. DIST. NO. <u>318</u>   |   | PRIMARY REG. DIST. NO. <u>1003</u>                                    |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                            |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u><br>b. COUNTY _____ |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St Louis</u>  |                            | c. LENGTH OF STAY (in this place) _____   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St Louis</u>                              |   | 2050                                   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5236 Genevieve</u>   |                            |   | d. STREET ADDRESS (If rural, give location) <u>5236 Genevieve Ave</u>   |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>HARRY</u>  |                            | b. (Middle) <u>ARTHUR</u>   | c. (Last) <u>WINTER</u>   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>8 15 1950</u>             |  |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>Wh</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>   | 8. DATE OF BIRTH <u>1892 Sept 15 - 78-28</u>  | 9. AGE (In years last birthday) <u>56</u>                             | 10. MONTHS <u>11</u>                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>  |                            | 10b. KIND OF BUSINESS OR INDUSTRY <u>McDonnell Air Corp</u>   | 11. BIRTHPLACE (State or foreign country) <u>St Louis</u>   |   | 12. CITIZEN OF WHAT COUNTRY? _____     |
| 13a. FATHER'S NAME <u>Andrew Winter</u>   |                            | 13b. MOTHER'S MARDEN NAME <u>E. Schmemie</u>  | 14. NAME OF HUSBAND OR WIFE <u>Rosa</u>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____   |                            | 16. SOCIAL SECURITY NO. <u>493-10-4031</u>  | 17. INFORMANT'S SIGNATURE OR NAME <u>Rose Winter</u> ADDRESS <u>5236 Genevieve Ave</u>  |   |  |
| 18. CAUSE OF DEATH (State only one cause per line (a), (b), and (c))<br><i>This box does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>  |                            | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC HEART DISEASE - Type obscure - 1 yr.</u><br><u>2 congestive failure</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last...<br>DUE TO (b) _____<br>DUE TO (c) _____ |   |   | INTERVAL BETWEEN ONSET AND DEATH _____ |
| II. OTHER SIGNIFICANT CONDITIONS<br>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 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? <u>782. H</u>  |   |  |
| 22. I hereby certify that I attended the deceased from <u>8-14</u> , 19 <u>50</u> , to <u>8-15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-14</u> , 19 <u>50</u> , and that death occurred at <u>± 120 m.</u> , from the causes and on the date stated above. |                            |   |   |   |  |
| 23a. SIGNATURE <u>Alfred Bleichman M.D.</u> (Degree or title)   |                            | 23b. ADDRESS <u>462 N. Taylor</u>   |   | 23c. DATE SIGNED <u>8/15/50</u>                                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 24b. DATE <u>8/18/50</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>   | 24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>  |   |  |
| DATE REC'D BY LOCAL REG. <u>AUG 16 1950</u>   |                            | REGISTRAR'S SIGNATURE <u>J. B. L... ..</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Central Funeral Home</u> ADDRESS <u>5541 Riverview Blvd</u>                                 |   |  |

(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.

Student .....  
Student Embalmer

Signed Edouard Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 28812-50  
Local Registrar's No. 6970

State of ..... }  
County of ..... } ss.

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this ..... day of ....., 194....., before me appears.....

....., who, upon ..... oath, states that the original record of ~~birth~~ death  
for Harry Arthur Winter died 8-15-50, 19....., in the State of  
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 8 should read 9-15-1892

Instead of ..... 9-15-1893

Item No. 9 should read Age 57

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant John Dwyer Fun Dir. Relationship.

5541 Riverview  
Present Address.

Subscribed and sworn to before me this 24 day of Aug, 1950

My Commission expires 3-4-53 Edw. O. Padlock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.