

FILED MAR 19 1951

STANDARD CERTIFICATE OF DEATH

10810
State File No. 2012
Registrar's No. 2012

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give OR TOWN **St. Louis**)
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **Albion Brooks Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
2239
STREET ADDRESS **2215 Gaine St.**

3. NAME OF DECEASED
a. (First) **Oscar** b. (Middle) **Louis** c. (Last) **Winom**

4. DATE OF DEATH (Month) (Day) (Year)
March 1, 1951

5. SEX **Male**
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
February 25, 1902

9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 mos.: Days) (Hours) (Min.)
49 0 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Machinist

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country)
Godfrey, Illinois

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Not known

13b. MOTHER'S MAIDEN NAME
Not known

14. NAME OF HUSBAND OR WIFE
Opal

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.
489-03-9307

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Opal Winom 2215 Gaine St.

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) **Arteriosclerosis of Lung & Coronary**
ANTECEDENT CAUSES **Hypertrophy & Atherosclerosis**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **while undergoing an operation at Albion Brooks Hospital on Mar 1**
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. _____

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY? YES NO

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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)
St. Louis Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR
384X

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 **9:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **John H. Gebken**

23b. ADDRESS **2630 Gravois Ave.**

23c. DATE SIGNED **3/2/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **3/5/51**

24c. NAME OF CEMETERY OR CREMATORY **New St. Marcus Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **MAR 2 1951 J. B. Casater**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
John H. Gebken Sons 2630 Gravois Ave.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Opal Winom for dead at home

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.....

Robert F. Gebken

Signed.....

Student Embalmer

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.