

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

21513

5367

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1006		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 14 Hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		4673			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 312 E. Adams					
3. NAME OF DECEASED (Type or Print) a. (First) Julius b. (Middle) F. C. c. (Last) Winkler			4. DATE OF DEATH (Month) (Day) (Year) 6-10-51						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 21, 1878			
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 7 Days 19		IF UNDER 12 HRS. Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor			10b. KIND OF BUSINESS OR INDUSTRY Building Contractor			11. BIRTHPLACE (State or foreign country) St. Louis County			
12. CITIZEN OF WHAT COUNTRY? America			13a. FATHER'S NAME Robert Winkler		13b. MOTHER'S MAIDEN NAME Christiana Ordnung		14. NAME OF HUSBAND OR WIFE Erna I. Winkler		
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 NO. 500-18-4434		17. INFORMANT'S SIGNATURE OR NAME Albert Winkler		ADDRESS Kirkwood			
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) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) thrombosis of left coronary artery 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 acute acute	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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? 4201					
22. I hereby certify that I attended the deceased from 6/9 , 19 51 , to 6/10/51 , 19 51 , that I last saw the deceased alive on 6/10 , 19 51 , and that death occurred at 8 m., from the causes and on the date stated above.									
23a. SIGNATURE John Luther (Degree or title) MD				23b. ADDRESS 3770 Washington St. Kirkwood Mo		23c. DATE SIGNED 6/12/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/13/51		24c. NAME OF CEMETERY OR CREMATORY Park Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis			
DATE REC'D BY LOCAL REG. JUN 12 1951		REGISTRAR'S SIGNATURE J. B. Lassater		25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger		ADDRESS Kirkwood			

(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 *William H. Bickinger*

Licensed Embalmer No. *4396*

P. O. Address *Richwood, 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.