

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **25515**
6888

FILED AUG 15 1951

BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, give RURAL and give township) St. Louis		c. CITY (If outside corporate limits, give RURAL and give township) St. Louis 2259	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give full rd.) 118 1/2 N. Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION 718 1/2 N. Broadway		d. STREET ADDRESS	
3. NAME OF DECEASED a. (First) James b. (Middle) _____ c. (Last) WINTERS		4. DATE OF DEATH (Month) (Day) (Year) 7 19 51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Apr. 1874
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) None		11. BIRTHPLACE (State or foreign country) Mass.	
10b. KIND OF BUSINESS OR INDUSTRY None		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W.A.K.		13b. MOTHER'S MAIDEN NAME W.A.K.	
13c. MOTHER'S MAIDEN NAME W.A.K.		14. NAME OF HUSBAND OR WIFE W.A.K.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME F. G. Taylor		ADDRESS 1300 Clark	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		II. OTHER SIGNIFICANT CONDITIONS: _____		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1. Coronary Occlusion DUE TO (c) 2. Coronary Sclerosis		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION N.M.A.		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? 4201		
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 _____, _____, _____, from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Wm. Ross Grayson		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7/30/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-2-51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Normandy, Mo.	
DATE REC'D BY LOCAL AUG 1 1951	REGISTRAR'S SIGNATURE J. B. Larater		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

517

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 _____

Students of Mortuary College Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *James G. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.