

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35856**

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

4002  
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FILED OCT 23 1951

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>3063</u>	Registrar's No. <u>3304</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____		
b. CITY OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>1 D. O. A.</u>		c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>		d. STREET ADDRESS <u>Warwick Hotel 1428 Locust St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>H.</u> c. (Last) <u>WINKLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sep. 29 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>July 18, 1896</u>	9. AGE (In years last birthday) <u>55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Broker-Travelers Ins. Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Travelers Ins. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>		
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Late Helen L. Winkler</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry J. Fox</u>
17. ADDRESS <u>5037 Pernod Ave.</u>		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.		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary disease</u>		6 wks		
DUE TO (c) <u>4201</u>		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 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 <u>7-23</u> , 19 <u>51</u> , to <u>9-27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-27</u> , 19 <u>51</u> , and that death occurred at <u>P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Harold Phillips MD</u>		23b. ADDRESS <u>4117 N. Union Blvd</u>		23c. DATE SIGNED <u>10-2-51</u>
24a. BURIAL: CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct. 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>		
25. ADDRESS <u>4228 S. Kingshighway Bl</u>		DATE REC'D BY LOCAL REG. <u>10-2-51</u>		
REGISTRAR'S SIGNATURE <u>Hubert R. Donhe MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>		

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**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 Wilbur B. White

Signed.....  
Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4298 S. Raleigh Highway

**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.