

THIRD JAN 10 1952

# STANDARD CERTIFICATE OF DEATH

State File No. **43410**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11090**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b> |  | c. LENGTH OF STAY (in this place)<br><b>LIFE</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1431a So. 7th Street</b>                           |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>                             |  |
|  |  | d. STREET ADDRESS (If rural, give location)<br><b>2132 So. 4th Street</b>  |  |

|  |                              |  |   |  |                              |
|--|------------------------------|--|---|--|------------------------------|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Josephine</b> b. (Middle) <b>Winslow</b> c. (Last) <del>Watters</del> |                              |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>December 12-1951</b>        |  |                              |
| 5. SEX<br><b>F</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>M</b> | 8. DATE OF BIRTH<br><b>April 27-1883</b>                                | 9. AGE (In years last birthday)<br><b>68</b> | IF UNDER 1 YEAR Months Days  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>House-wife</b>           |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>at home</b>                | 11. BIRTHPLACE (State or foreign country)<br><b>St. Louis, Missouri</b> |  | 12. CITIZEN OF WHAT COUNTRY? |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME<br><b>James Winslow</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Jane Greenland</b> |  | 14. NAME OF HUSBAND OR WIFE   |  |
| 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.                            |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mary Johnson 1431a So. 7th Str.</b> |  |

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b><br><br><b>3 yrs</b> |
|   | 2. ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary disease of heart</b> |  |   |
|   | 3. 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?<br>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?<br><b>H2O1</b>                                |  |

22. I hereby certify that I attended the deceased from **10/2**, 19**51**, to **12/12**, 19**51**, that I last saw the deceased alive on **12/11**, 19**51**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 23a. SIGNATURE<br><b>J. Henderson</b>                       |  | 23b. ADDRESS<br><b>2826 S. 9th ST</b>  |  | 23c. DATE SIGNED<br><b>12/14/51</b>                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> |  | 24b. DATE<br><b>12-15-51</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection</b> |  |
|   |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County Mo.</b> |  |   |  |

|   |  |  |  |
|---|--|--|--|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br><b>DEC 15 1951</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>McBaughlin 2301 Lafayette</b> |  |
|---|--|--|--|

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

*H. G. Farris*

Licensed Embalmer No. *3384*

P. O. Address *2301 Lafayette*

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. 43410  
Local Registrar's No. 11090

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 Josephine Winslow died 12-12-1951, 19\_\_\_\_, in the State of  
Missouri, and which was filed at \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 2 should read Josephine Winslow  
Instead of \_\_\_\_\_ " " Waters

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 \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

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

(SEAL)

Affiant Norman W. Gschler <sup>Jun</sup> Relationship dir

2301 Lafayette  
Present Address.

Subscribed and sworn to before me this 11 day of Jan, 1952

My Commission expires 3-4-53 \_\_\_\_\_ Notary Public.

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