

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

MAY 19 1952

BIRTH NO. 14790 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1131

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

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 (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo.</u>	
c. LENGTH OF STAY (In this place) <u>2 Wks 6</u>		TOWN <u>2069</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1400 Semple ave</u>	

3. NAME OF DECEASED (Type or Print) <u>Carolyn Winston</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 28 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Feb 19 1952</u>		9. AGE (In years last birthday) if UNDER 1 YEAR if UNDER 24 HRS. <u>2</u> <u>9</u> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</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>Joseph Winston</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Koester</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph Winston 1400 Semple Ave.</u>	
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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>Cyanotic Congenital Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) <u>ATLECTASIS</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Traces position of Great Vessels</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 <u>7546</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from April 2, 1952, to April 28, 1952, that I last saw the deceased alive on April 28, 1952, and that death occurred at 5:55 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James H. ... M.D.</u>		23b. ADDRESS <u>6420 Clayton Rd</u>		23c. DATE SIGNED <u>4-29-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/30/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	

DATE REC'D BY LOCAL REG. <u>4-30-52</u>		REGISTRAR'S SIGNATURE <u>Nesbet R. Donike M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sullivan 2849 N. Euclid ave</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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3563

P. O. Address St. James 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.