

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22830

State File No.

FILED JUN 27 1952

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

5276

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

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION 4327 W. Belle			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119 d. STREET ADDRESS (If rural, give location) 4327 W. Belle		
3. NAME OF DECEASED a. (First) Measie b. (Middle) c. (Last) Winston		4. DATE OF DEATH (Month) (Day) (Year) 6 5 1952			
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-1-1890		
9. AGE (In years last birthday) 62 IF UNDER 1 YEAR: Months 4 Days 4 Hours 4 Min.		11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		14. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME George Winston		13b. MOTHER'S MAIDEN NAME Unknown		17. INFORMANT'S SIGNATURE OR NAME Jim Mason	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		ADDRESS 4327 W. Belle	
MEDICAL CERTIFICATION					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 9-7-52		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 410X	
22. I hereby certify that I attended the deceased from 9/25, 1922, to 8/5, 1952, that I last saw the deceased alive on Jan 3rd, 1922, and that death occurred at 3 P. m., from the causes and on the date stated above.					
23a. SIGNATURE <i>James T. Aldrich</i>		23b. ADDRESS M.D. 2607 1/2 Franklin Ave		23c. DATE SIGNED 6-7-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-10-52		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis County Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <i>Ellis Funeral Home, Inc.</i>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 9 1952		ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard St.			

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 *Fulton E. Culkin*

Licensed Embalmer No. *4698*

P. O. Address *St Louis 137*

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.