

No. 300
10. 48

FILED SEP 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33736

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2373

1. PLACE OF DEATH 1319 HIGHLAND TER.
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS
c. LENGTH OF STAY (in this place) 46 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION 1319 HIGHLAND TER.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS
d. STREET ADDRESS (If rural, give location) 1319 HIGHLAND TER.

3. NAME OF DECEASED
a. (First) SOPHIA b. (Middle) MARIE c. (Last) WINZENBURG
(Type or Print)

4. DATE OF DEATH SEPT. 12 1952
(Month) (Day) (Year)

5. SEX FEMALE 6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH NOV. 29 1864
9. AGE (In years last birthday) 87 if UNDER 1 YEAR Months 9 Days 13 if UNDER 4 HRS. Hours 13 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) MAINE GERMANY
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME JOHN GRASSMANN 13b. MOTHER'S MAIDEN NAME ELISE GUNDRUM 14. NAME OF HUSBAND OR WIFE ROBERT WINZENBURG

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. NONE
17. INFORMANT'S SIGNATURE OR NAME CHARLOTT GROSSMAN ADDRESS 2312 RINGO LITTLE ROCK ARK.

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) auricular fibrillation
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4200

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 8/27, 1952, to 9/12, 1952, that I last saw the deceased alive on 8/9, 1952, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE H. F. Bergman (Degree or title) MD 23b. ADDRESS 3720 Washington 23c. DATE SIGNED 9/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE SEPT. 15, 1952 24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM. 24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI

DATE REC'D BY LOCAL REG. 9-13-52 REGISTRAR'S SIGNATURE Herbert R. Donke MD 25. FUNERAL DIRECTOR'S SIGNATURE H. A. Cobble ADDRESS 6536 Clayton Rd

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

25
105
105

52

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.....

Fred J. Tarnes

Licensed Embalmer No. *4788*

P. O. Address *St. Louis, 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.