S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37018

BIRTH NO. FILED NOV 14 1952 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9441

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DePaul Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wellston
d. STREET ADDRESS (If rural, give location) 6216 Page Ave.

4311

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) A c. (Last) Winchester

4. DATE OF DEATH (Month) (Day) (Year) Oct. 11 1952

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1

8. DATE OF BIRTH Aug. 23 1876

9. AGE (In years last birthday) 76 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Scotland 4

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Hector Winchester

13b. MOTHER'S MAIDEN NAME Agnes Brengice

14. NAME OF HUSBAND OR WIFE Helen Winchester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If [illegible] service)

16. SOCIAL SECURITY NO. 490 03 2113

17. INFORMANT'S SIGNATURE OR NAME Helen Winchester ADDRESS 6216 Page Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arterio Sclerosis — —

DUE TO (c)

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 [X] 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) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from* 1. 1. *19*50 *to* 10. 11. *19*52, *that I last saw the deceased alive on* 10. 11. *19*52, *and that death occurred at* 9:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE Chas. Jost M.D. (Degree or title)

23b. ADDRESS 3500 N. Grand

23c. DATE SIGNED 10. 13. 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4

24b. DATE 10/15/1952

24c. NAME OF CEMETERY OR CREMATORY Hiram Park Cem.

24d. LOCATION (City, town, or county) St. Louis Co. Missouri (State)

DATE REC'D BY LOCAL REG. OCT 14 1952

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark ADDRESS 1125 Hodiamont Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr.Chas.Jost
3500 N Grand Ave.
Ne8510
Hrs.

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 Alfred F. Bodeker

Licensed Embalmer No. 2663

P. O. Address 1425 Hodiamont

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.