

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20075

FILED JUN 12 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5358

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Ferguson 4109	
c. LENGTH OF STAY (in this place) 3 Wks		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		e. STREET ADDRESS (If rural, give location) 21 N. Clay Avenue.	
3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) William c. (Last) Winkler			4. DATE OF DEATH (Month) (Day) (Year) May 26, 1953
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2	8. DATE OF BIRTH Sept. 19, 1878
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	11. BIRTHPLACE (City and State or Foreign Country) Germany 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Engineering	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Ernst Winkler		13b. MOTHER'S MAIDEN NAME Rose Goldammer	14. NAME OF HUSBAND OR WIFE Frances Winkler (Dec'd)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-07-2970	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Clyde Winkler, St. Louis, Mo.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <i>Heart of knowledge + cardiac failure</i> INTERVAL BETWEEN ONSET AND DEATH 5/26/53 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardio vascular disease</i> DUE TO (c) <i>Arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 5/26/53		19b. MAJOR FINDINGS OF OPERATION <i>Transurethral resection, cystostomy</i>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		443X	
22. I hereby certify that I attended the deceased from 5/7/53, 10:00 a.m. to 5-26-53, that I last saw the deceased alive on 5/26/53, and that death occurred at 10:00 a.m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Lawrence J. Leonard, M.D.</i> (Degree or title)		23b. ADDRESS <i>811 Olive St. St. Louis, Mo.</i>	
23c. DATE SIGNED 5/28/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/29/53.	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. MAY 28 1953		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>M. J. B.</i>		ADDRESS White Chapel, Ferguson, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Signature of Student Embalmer

Signed Eleanora Pounce

Licensed Embalmer No. 340

P. O. Address Jennings

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.