

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23245

5618

FILED JUN 20 1953

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

| | | | | | | | |
|--|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3664 Washington Bl. | | | | e. STREET ADDRESS (If rural, give location) 19 3664 Washington Bl. 2177 D | | | |
| 3. NAME OF DECEASED (Type or Print) JEAN | | a. (First) | | b. (Middle) E. | | c. (Last) WINKLER | |
| 4. DATE OF DEATH | | Jun. 5 1953 | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Oct. 13, 1908 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 9. AGE (In years last birthday) 44 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Television News Writer-Post Dispatch K.S.D. St. Louis, Mo. | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Herman Winkler | | 13b. MOTHER'S MAIDEN NAME Edna Ulrich | | 14. NAME OF HUSBAND OR WIFE Esther Winkler | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War 2 | | 16. SOCIAL SECURITY NO. 498-07-4624 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Esther Winkler 3664 Washington Bl. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Rectum | | | | INTERVAL BETWEEN ONSET AND DEATH 6 mo | |
| | | 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. | | | | | |
| 19a. DATE OF OPERATION 1-5-53 | | 19b. MAJOR FINDINGS OF OPERATION Extensive Liver metastases | | | | 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 154X | | | |
| 22. I hereby certify that I attended the deceased from 2-28 1948, to 6-5-53 1953, that I last saw the deceased alive on 6-5-53, 1953, and that death occurred at 8:13A m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE C. Alan McAfee (Degree or title) M.D. | | | | 23b. ADDRESS 457 N. Kings Highway St. Louis | | 23c. DATE SIGNED 6/5/53 | |
| 24a. BURIAL, CREMATION, REMOVAL removal | | 24b. DATE Jun. 8, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Co., Mo. | |
| DATE REC'D BY LOCAL REG. JUN 5 1953 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kings Highway Bl. | | | |

(Licensed Embalmers' Statement on Reverse Side)

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

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 *Edwin A. M. Lemuth*.....

Licensed Embalmer No... *302*.....

P. O. Address

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.