

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41616**

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3018**

1. PLACE OF DEATH a. COUNTY St. Louis		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 Berkley City	c. LENGTH OF STAY (In this place) 10 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berkley City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8903 Weldon Ave.		d. STREET ADDRESS (If rural, give location) 8903 Weldon Ave.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JAMES	b. (Middle) A.	c. (Last) WINNINGHAM	(Month) Nov.	(Day) 18.	(Year) 1953

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 5, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 0	IF UNDER 1 MIN. Hours 0	IF UNDER 1 MIN. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Odd Jobs		10b. KIND OF BUSINESS OR INDUSTRY Unemployed		11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. COUNTRY OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Tipton B. Winningham	13b. MOTHER'S MAIDEN NAME Missouri Ann Blythe	14. NAME OF HUSBAND OR WIFE Dallas Perkins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. #1	16. SOCIAL SECURITY NO. 491-18-1895	17. INFORMANT'S SIGNATURE OR NAME Mae Winningham	ADDRESS 2960N. Gale Indianapolis Ind.
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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) Pneumonia. Body found lying on the kitchen floor of his home on Weldon Ave. in Berkeley City, by Mr. Starks, a neighbor, on November 19, 1953.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Deceased was removed to the St. Louis County Hospital by White Ambulance Service for examination.		
	II. OTHER SIGNIFICANT 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Open	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Berkeley City St. Louis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) A 11/18/53 9:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Gunshot wound, not sufficient to cause death.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arnold J. Williams	(Degree or title) Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 11/24/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 23, 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. 11/23/53	REGISTRAR'S SIGNATURE Richard B. Spitzer, MD	25. FUNERAL DIRECTOR'S SIGNATURE Cullen Kelly	ADDRESS 7267 Natural Bridge
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(Licensed Embalmer's Statement on Reverse Side)

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

7007

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 James A. Summers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.