

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36139

State File No. ....

BIRTH NO. ....

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1003

Registrar's No. ....

9542

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.			b. COUNTY St. Louis								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 11 Days	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 Deaconess Hospital			STREET ADDRESS (If rural, give location) 5465 N Kingshighway 2079											
3. NAME OF DECEASED (Type or Print) PETER NISENN WINTHER			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 10-20-1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-9-1876		9. AGE (In years last birthday) 77		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) Stock Room Clerk			10b. KIND OF BUSINESS OR INDUSTRY Machinery Co.			11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.			12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Hans Winther			13b. MOTHER'S MAIDEN NAME Catherine Petersen			14. NAME OF HUSBAND OR WIFE Hulda B. Winther								
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. 496-36-4665			17. INFORMANT'S SIGNATURE OR NAME Raymond Winther Webster Groves Mo.			ADDRESS					
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) Carcinoma of Bladder						INTERVAL BETWEEN ONSET AND DEATH 1 yr.					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			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 2-25-54		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Bladder						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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 181X										
22. I hereby certify that I attended the deceased from 2-22-54, 19, to 10-20-54, 19, that I last saw the deceased alive on 10-19-54, 19, and that death occurred at 1:30 A.M., from the causes and on the date stated above.														
23a. SIGNATURE J. D. Bethard			(Degree or title) M.D.			23b. ADDRESS 607 N. Grand, St. Louis 3, Mo.			23c. DATE SIGNED 10-20-54					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-22-1954		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood Mo.								
DATE REC'D BY LOCAL REG. OCT 20 1954		REGISTRAR'S SIGNATURE J. C. Smith			FUNERAL DIRECTOR'S SIGNATURE F. Home Webster Groves Mo.			ADDRESS						

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No...4

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.