0.300
0.48

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

FILED JUN 7 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 18906

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5150

**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): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3500 North Newstead Avenue

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 3500 North Newstead Avenue 2109

**3. NAME OF DECEASED** (Type or Print)
a. (First): Oneida
b. (Middle): A
c. (Last): Winkler

**4. DATE OF DEATH** (Month) (Day) (Year): May 28 1956

**5. SEX**: female

**6. COLOR OR RACE**: white

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married

**8. DATE OF BIRTH**: Jan 1, 1897

**9. AGE** (In years last birthday): 59 — 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): Secretary- (Retired)

**10b. KIND OF BUSINESS OR INDUSTRY**: Nester-Winkler Produce Company

**11. BIRTHPLACE** (City and State or Foreign Country): Weston, Missouri

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Lee Kenady

**13b. MOTHER'S MAIDEN NAME**: Alvira Wells

**14. NAME OF HUSBAND OR WIFE**: Fred Winkler

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: 492-22-7357

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Fred Winkler, 3500 N. Newstead Avenue

**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) Paget's Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Osteosarcomas
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Pulmonary Edema

**19a. DATE OF OPERATION**: None

**19b. MAJOR FINDINGS OF OPERATION**: 289.0

**20. AUTOPSY?** YES ☒ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): None

**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.: None

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* _____, 1954, *to* _____, 1956, *that I last saw the deceased alive on* 3/21, 1956, *and that death occurred at* 6:00 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Preston C. Hall MD

**23b. ADDRESS**: 3902 a Lafayette

**23c. DATE SIGNED**: 5/28/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Cremation

**24b. DATE**: May 29 1956

**24c. NAME OF CEMETERY OR CREMATORY**: Oak Grove Crematory

**24d. LOCATION** (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG.: MAY 29 1956

REGISTRAR'S SIGNATURE: Karl Smith MD

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Math Hermann & Son, Inc., 2161 E. Fair Av

(Licensed Embalmer's Statement on Reverse Side)

JUN 13 1962

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 37

P. O. Address.....

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