

Health, Welfare Public Service

XC # 288 14 27
REG # 17025
SL # 10275

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Registration District No. 1003

29347
STATE FILE NUMBER
Registrar's 7578

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF HOSPITAL OR VETERANS ADMINISTRATION INSTITUTION HOSPITAL 915 N.		25 STREET ADDRESS 712 O'FALLON (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Grand Middle Last CHARLES F. WINTERS		4. DATE OF DEATH Month Day Year 8-15-56	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-1-90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BANK CLERK		10b. KIND OF BUSINESS OR INDUSTRY BANK	11. BIRTHPLACE (City and state or country) MILAN, MISSOURI
13. FATHER'S NAME NOVA WINTERS		14. MOTHER'S MAIDEN NAME ALICE PRESTON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 497-18-6872	17. INFORMANT VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - - - - DUE TO (c) - - - -			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) - - - -			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) - - - -	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		- - - -	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) - - - -	20f. CITY, TOWN, OR LOCATION - - - -
21. I attended the deceased from 6-14-56 to 8-15-56 and last saw him alive on 8-15-56 Death occurred at 4:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Joseph T. Kaminskas M. D.	
22b. ADDRESS VAH, ST. LOUIS, MISSOURI		22c. DATE SIGNED 8-15-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 17, 1956	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. AUG 15 1956	26. REGISTRAR'S SIGNATURE J. Earl Smith, MD S.P.

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edwin A. M. Hermet*

Licensed Embalmer No *302*

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.