

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020300  
STATE FILE NUMBER  
3053

FILED MAY 19 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Alex. Bros. Hosp.</b>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>Little Sisters of Poor</b>	
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Winkler</b> Last		4. DATE OF DEATH Month <b>May</b> Day <b>9</b> Year <b>1958</b>		5. SEX <b>male</b> 6. COLOR OR RACE <b>white</b>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> 0 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jul. 5, 1887</b>		9. AGE (In years (In days)) <b>70 1/2</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Frank Winkler</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Klingler</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>unk</b>	
17. INFORMANT Address <b>Mary Probst 4506 Tennessee</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>541.1</b>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT. SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input 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 _____ 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 <b>St. Louis, Mo</b>		COUNTY STATE	
21. I attended the deceased from <b>Jan 1 - 1958</b> to <b>5/9/58</b> and last saw him alive on <b>5/9/58</b> . Death occurred at <b>145 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>R. W. Winkler M.D.</b>		(Degree or title)		22b. ADDRESS <b>8059 Watson Rd</b>	
22c. DATE SIGNED <b>5/22/58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal motor 5-13-58</b>		23b. DATE <b>5-13-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Cem.</b>		23d. LOCATION (City, town, or county) <b>Smithton, Illinois</b>		(State)	
24. FUNERAL DIRECTOR <b>Southern Funeral Home</b> 6322 S. Grand, St. Louis, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>MAY 13 '58</b>	
26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		B.P.			

Arrived; - b - per telephone - due to respiratory disorder of unknown origin. All diseases in Part I must be causally related. Doctor, Embalmer, Sec. must use only standard embalmers' certificate. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Dr Ray Meyera  
8059 Watson Rd at Labeled Sta

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 *David Van Tassan* .....

Licensed Embalmer No. *4242* ..  
P. O. Address *St. Louis Mo* ..

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.