

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023894
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6771

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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 LOUIS CITY HOSP.#1		d. STREET ADDRESS (If outside, give location) 7207 4033 North 22nd St	
3. NAME OF DECEASED (Type or print) First Ernest Middle R Last Winberry ERNEST R WINBERRY		4. DATE OF DEATH Month 7 Day 4 Year 58	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 31, 1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (unemployed)		10b. KIND OF BUSINESS OR INDUSTRY unknown	9. AGE (In years last birthday) 44 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) Paulo, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sam Winberry		13b. MOTHER'S MAIDEN NAME Schilda Lomax	
14. NAME OF HUSBAND OR WIFE Louise Winberry		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.		17. INFORMANT Address Mrs. Louise Winberry, 4033 N. 22nd St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Jaenec's Cirrhosis of liver with DUE TO (b) _____ DUE TO (c) 581.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) malnutrition, dehydration.			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I attended the deceased from 7/3/58 6:30 PM to 7/4/58 and last saw her alive on 7/1/58 Death occurred at 7:25 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jean A. Chapman, M.D.		22b. ADDRESS 1515 LAFAYETTE	
22c. DATE SIGNED 7-5-58		23. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 8 1958	
23c. LOCATION (City, town, or county) (State) St. Louis Missouri		24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair	
25. DATE RECD. BY LOCAL REG. JUL 7 58		26. REGISTRAR'S SIGNATURE Carl Smith M.D.	

Doctor, coroner, etc: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Alvin W. Nantz*

Licensed Embalmer No. *2373*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.