

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031265  
STATE FILE NUMBER

FILED SEP 15 1958

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2353

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkwood</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Manchester 4000</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hosp.</b>		Length of stay in 1b <b>3 days</b>	d. STREET ADDRESS (If outside, give location) <b>Box 290--Rt.#2</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>HARVEY STEELE WINANS</b>			4. DATE OF DEATH Month Day Year <b>Sept. 9, 1958</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7/5/1898</b>	9. AGE (In years (last birthday)) <b>60</b>	IF UNDER 1 YEAR Months Days <b>60</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner &amp; Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Brun-Brae Kennels</b>	11. BIRTHPLACE (City and state or country) <b>Ridge Wood, N.J.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Ronald MacDonald Winans</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Currie Steele</b>		14. NAME OF HUSBAND OR WIFE <b>Patti L. Winans</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) <b>Yes World War I</b>		16. SOCIAL SECURITY NO. <b>491-18-0319</b>	17. INFORMANT Address <b>Box 290-Rt 2</b> <b>Patti L. Winans-Manchester, Mo.</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>Ruptured dissecting aneurysm of aorta</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Atherosclerosis</b> DUE TO (c) <b>451X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>Unknown</b>
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 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 <b>Sept 6 1958</b> to <b>Sept 9 1958</b> and last saw him alive on <b>Sept 9 1958</b> Death occurred at <b>12:35</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Mrs. H. Scherman M.D.</b>			22b. ADDRESS <b>4461 Seward</b>		22c. DATE SIGNED <b>9/11/58</b>
23a. BURIAL, CREMATION, RENOVAL (Specify) <b>Burial</b>		23b. DATE <b>9/12/ 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Kirkwood 22, Missouri</b>
24. FUNERAL DIRECTOR <b>Pfitzinger Mort-Kirkwood 22, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-11-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert P. Dombek M.D.</b>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Ben E. Hoffmann* .....  
Licensed Embalmer No. *4366* .....  
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.