

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023543

STATE FILE NUMBER

2 5488

FILED JUL 3 1959 Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Glasgow Village</u> 4070 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u> | | Length of stay in lb <u>Life</u> | d. STREET ADDRESS (If outside, give location) <u>115 Dundee Circle</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>KENNETH</u> Middle <u>WALTER</u> Last <u>WINSCHER, JR</u> | | | 4. DATE OF DEATH Month <u>June</u> Day <u>7</u> Year <u>1959</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 6 1959</u> | 9. AGE (In years last birthday) <u>1</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>53</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> | |
| 13a. FATHER'S NAME <u>Kenneth W. Winscher, Sr.</u> | | 13b. MOTHER'S MAIDEN NAME <u>Clora E. Rice</u> | 14. NAME OF HUSBAND OR WIFE | | |

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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT <u>115 Dundee Circle</u> <u>Kenneth W. Winscher Glasgow Village 37, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity.</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ | 776x |
| | DUE TO (c) _____ | |
| 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 type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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 _____ 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 6-6-59 to 6-7-59 and last saw ~~he~~ him alive on 6-7-59
Death occurred at 1:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>George E. Fineman M.D.</u> (Degree or title) | 22b. ADDRESS <u>9730 E. Watson Rd.</u> | 22c. DATE SIGNED <u>6-8-59</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>6-9-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Reiderwieden F.H. Inc. 1936 St. Louis Av.</u> ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>JUN 9 '59</u> | 26. REGISTRAR'S SIGNATURE <u>Geor Smith M.D.</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL AREAS IN RED 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. *Not Embalmed*

Student
Signature of Student Embalmer

Signed *Yasunari W. Gehler*

Licensed Embalmer No. *General*

P. O. Address *3670 Chippen*

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.