

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 22 1959

59-034508

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 8099**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis	Length of stay in 1b 2 days	c. CITY OR TOWN Overland	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2451 Gothland
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Adele Middle Margaret Last Winkeler			4. DATE OF DEATH Month Aug. Day 30 , Year 1950	
5. SEX Fem	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 3/28/31	9. AGE (last birthday) 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) secretary		10b. KIND OF BUSINESS OR INDUSTRY KMOX TV	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Harry B. Winkeler		13b. MOTHER'S MAIDEN NAME Mary E. Soltesc		14. NAME OF HUSBAND OR WIFE
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. 500-30-6594	17. INFORMANT Harry B. Winkeler Address 2451 Gothland	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute leukemia		INTERVAL BETWEEN ONSET AND DEATH 8 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 2043		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 12:05 a.m. / p.m. Month, Day, Year			

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 Overland	COUNTY St. Louis	STATE Mo.
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21. I attended the deceased from **Nov '58** to **Aug '59** and last saw her ^{her} alive on **Aug 28, 1959**
Death occurred at **12:05 A.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert J. Karsh, MD (Degree or title)	22b. ADDRESS 15 N. Brentwood, Clayton	22c. DATE SIGNED 8/31/59 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE sept. 2, 1959	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or County) St. Louis, Mo
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24. FUNERAL DIRECTOR Ortmann F. Home ADDRESS 9222 Lackland	25. DATE RECD. BY LOCAL REG. SEP 1 1959	26. REGISTRAR'S SIGNATURE Carl Smith, M.D.
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7h. 9. 13.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Sam Stepanovic, Student Embalmer No. 578
working under my personal supervision.

Student Sam Stepanovic
Signature of Student Embalmer

Signed Al Q. Outmann

Licensed Embalmer No. 3478

P. O. Address _____

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.