URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-034611

FILED VS SEP 16 1959

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2413 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Length of stay in 1b 3 mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp — Inside Limits Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Berkeley — Inside Limits Yes # No ☐
d. STREET ADDRESS (If outside, give location) 5816 Berkeley Dr. — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First Ann Middle Last Winkler
4. DATE OF DEATH Month 9 Day 6 Year 59

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married # Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-22-63
9. AGE (last birthday) 96 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receptionist
10b. KIND OF BUSINESS OR INDUSTRY Physician
11. BIRTHPLACE (City and state or country) Altamont, Ill.
12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME Herman A. Winkler
13b. MOTHER'S MAIDEN NAME Charlotte Quade
14. NAME OF HUSBAND OR WIFE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Clarence Stockton, Berkeley, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) CEREBRAL INFARCTION (R) BASAL GANGLIA — 2 MONTHS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CEREBRAL ARTERIOSCLEROSIS — UNKNOWN
DUE TO (c) GENERALIZED ARTERIOSCLEROSIS — UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
(R) LUNG- BRONCHOPNEUMONIA

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7-3-59, to 9-6-59 and last saw her/him alive on 9-6-59
Death occurred at 4:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ronald C. Passmore MD
22b. ADDRESS 601 So. Brentwood
22c. DATE SIGNED 9-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-9-59
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) Normandy, Mo.

24. FUNERAL DIRECTOR ADDRESS White-Mullen Mort. Ferguson, Mo.
25. DATE RECD. BY LOCAL REG. SEP 8 59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by my self, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed Reinhold K Lohrmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.