

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
STANDARD CERTIFICATE OF DEATH

59-042728

FILED VS DEC 11 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **211181** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b 30 Yrs.	c. CITY OR TOWN St Louis	b. COUNTY Missouri	
c. FULL NAME OF HOSPITAL OR INSTITUTION St Louis Little Rock Hosp Inc		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 5337a Delmar		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Lef NMN Winship			4. DATE OF DEATH Month Day Year Dec 1, 1959			
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Married <input checked="" type="checkbox"/> <i>Widowed</i>	8. DATE OF BIRTH 10.1.1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensr Civil Engineer	10b. KIND OF BUSINESS OR INDUSTRY R.R.	11. BIRTHPLACE (City and state or country) Anin Creek, Pa.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Frank K. Winship	13b. MOTHER'S MAIDEN NAME Elizabeth D. Knapp	14. NAME OF HUSBAND OR WIFE Gula Williams
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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) No None	16. SOCIAL SECURITY NO. 702-18-0076a	17. INFORMANT Mr. F.E. Winship 845 Westwood Pl
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Meningitis purulent		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Staphylococcus albus	
	DUE TO (c) 340.2	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiac hypertrophy associated with Nephrosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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	COUNTY	STATE
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21. I attended the deceased from Nov 28, 1959 to Dec 1, 1959 and last saw her/him alive on Dec 1, 1959 Death occurred at 8,50 am on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>[Signature]</i>	(Degree or title) M.D.	22b. ADDRESS 1755 So Grand	22c. DATE SIGNED 12-2-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Rail	23b. DATE 12/4/1959	23c. NAME OF CEMETERY OR CREMATORY Penn Yan, N. Y.	23d. LOCATION (City, town, or county) (State) Penn Yan New York
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24. FUNERAL DIRECTOR Alexander Runeral Home, St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. DEC 2 1959	26. REGISTER'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Boyd
1755 So. Grand
PR 1-0500

JAN 20

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 Joseph E. McMillan

Licensed Embalmer No. 2760
P. O. Address 1755 So. Grand

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.