

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5250

FILED JUN 16 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> , b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> ,		Length of stay in 1b	c. CITY OR TOWN <u>St. Louis</u> ,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DePaul Hospital</u> ,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4247 Humphrey St.</u>

3. NAME OF DECEASED (Type or print) First <u>George</u> Middle Last <u>Winkler</u> ,	4. DATE OF DEATH Month <u>June</u> Day <u>5</u> , Year <u>1961</u>
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5. SEX <u>Male</u> .	6. COLOR OR RACE <u>White</u> ,	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/10/1885</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days	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) <u>Interior Decorator</u> ,	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> .	11. BIRTHPLACE (City and state or country) <u>New Athens, Illinois</u> ,	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Adam Winkler</u> ,	13b. MOTHER'S MAIDEN NAME <u>Barbara Schuetz</u> ,	14. NAME OF HUSBAND OR WIFE <u>Katherine Winkler</u> ,
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>4200</u>	17. INFORMANT <u>Katherine Winkler, 4247 Humphrey St.</u> , Address
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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>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chromal arteriosclerosis</u>		<u>1 yr</u>
	DUE TO (c) <u>Arteriosclerosis General</u>		<u>8 yrs</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>	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 type="checkbox"/> NO <input checked="" 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 9-27-57 to 6-5-61 and last saw her alive on 6-4-51
Death occurred at 1:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Harry A. Busch MD</u> (Degree or title)	22b. ADDRESS <u>5633 S. Kingshighway</u>	22c. DATE SIGNED <u>6-5-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> ,	23b. DATE <u>6/8/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul Cemetery</u> ,	23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>
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24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary</u> , ADDRESS <u>2842 Meramed St.</u> <u>St. Louis, 18.</u>	25. DATE RECD. BY LOCAL REG. <u>JUN 5 1961</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 me Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Benz

Licensed Embalmer No. 4249
2842 Meramec St.,
P. O. Address St. Louis, 18, M

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.