

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031495

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2372

AMENDED

FILED SEP 1 1961

1. PLACE OF DEATH
 a. COUNTY ST. LOUIS
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBSTER GROVES Length of stay in 1b 274 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glenwood Home & Hospital Inside Limits
 d. STREET ADDRESS (If outside, give location) 5527 Eichelberger Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last ADAM M. WINTERER 4. DATE OF DEATH Month Day Year 8-19-61
 5. SEX F 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-12-1895 9. AGE (last birthday) 66 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Pennsylvania 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME Jessie Beebe 13b. MOTHER'S MAIDEN NAME Emma Schmidt 14. NAME OF HUSBAND OR WIFE Late Charles A. Winterer
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. No 17. INFORMANT Address A.J. HAMBLETON-5527 Eichelberger Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Hypostatic pneumonia INTERVAL BETWEEN ONSET AND DEATH
 DUE TO (b) diabetes mellitus
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 260x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized & cerebral arteriosclerosis 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 Nov. 02 1960 to Aug. 19, 61 and last saw her live on Aug. 19, 1961
 Death occurred at 9:02 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 1300 Grant Rd. 22c. DATE SIGNED 8-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Aug. 23, 1961 23c. NAME OF CEMETERY OR CREMATORY New St Marcus Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Kriegshauser-4228 S. Kingshighway Blvd. 25. DATE RECD. BY LOCAL REG. 8-23-61 26. REGISTRAR'S SIGNATURE [Signature]

DATE AMENDED
 ITEM NO. SHOULD READ
 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ernest W. Spillars
Licensed Embalmer No. 4080

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.