MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29015

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8598

Township ..... Primary Registration District No. 1003 Registered No. 8598

City St. Louis (No. St. Louis Baptist Hospital Ward)

2. FULL NAME Harold J. Winckler

(a) Residence. No. 4943 Ashby Ave St., 7 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12, 1915

7. AGE: Years 12 | Months 2 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

PARENTS

10. NAME OF FATHER: Henry Winckler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Newton Kansas
12. MAIDEN NAME OF MOTHER: Bertha Oberndorfer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Frothna Mo

14. INFORMANT: Henry Winckler
(Address) 4943 Ashby Ave

15. FILED SEP 27 1927, 19 Mark Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-26 1927

17. I HEREBY CERTIFY, That I attended deceased from 9-18, 1927, to 9-26, 1927 that I last saw him alive on 9-26, 1927, and that death occurred, on the date stated above, at 11 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: abdomal Peritonitis

121A Ruptured appendix
129 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gangreen appendix
(duration) yrs. mos. ds.

1170

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? St. Louis Baptist Hospital

DID AN OPERATION PRECEDE DEATH? yes DATE OF 9-18-27

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) Dr M H Hermann, 19 (Address) 3500 N. Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bridgeton Valhalla | DATE OF BURIAL: Sept 29 1927

20. UNDERTAKER: Math. Hermann and Son | ADDRESS: 4109 West Florissant

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.