

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

Do not use this space.

32297

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No.)

File No.....

Registered No.....

9709

St.

Ward.....

2. FULL NAME

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

49 yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

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

March 17 - 1878

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

49

7

12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife 93

(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)

Maries

10. NAME OF FATHER

Henry Wintering

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Anna Greer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT (Address)

City of St. Louis

15.

FILED

3:41 1927

May 6 Stalder

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Oct 29 1927

17.

HEREBY CERTIFY That I attended deceased from Oct 14 1927 to Oct 29 1927 that I last saw h... alive on Oct 29 1927 and that death occurred, on the date stated above, at 4:30 AM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary A. A. Heart
Myocarditis Chronic

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Nelson H. Hunt M.D.
109 27 (Address) City of St. Louis

*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

DATE OF BURIAL

St. Peter's Paul Cemetery

Oct 31 1927

20. UNDERTAKER

ADDRESS

J.H. Gubben & Son Co

2842 Meramec

PRINTED WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Lillepie,