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

Do not use this space.

38856

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Buckingham Hotel St. ..... Ward)

File No. .....

Registered No. 11593

2. FULL NAME Jane F. Winn

(a) Residence. No. Buckingham Hotel St. 12 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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: Female
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) Aug 21st 1855

7. AGE: Years 72 | Months 4 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Newspaper Writer
(b) General nature of industry, business, or establishment in which employed (or employer): St. Louis Globe-Democrat.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chillicothe, Ohio

PARENTS

10. NAME OF FATHER: Thomas J. Winn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland.
12. MAIDEN NAME OF MOTHER: Margaret Huse
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Miss J. Winn
(Address) Dallas, Texas

15. FILED DEC 27 1927 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1926 to Dec 25, 1927 that I last saw her alive on Dec 25, 1927, and that death occurred, on the date stated above, at 11 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C
111B (duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Acute pulmonary oedema (duration) — yrs. — mos. 20 min ds.
due to Chronic Myocarditis

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) L. J. Liton M. D.
, 19 (Address) 508 N Grand Ave.

*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: Chillicothe, Ohio. DATE OF BURIAL: Dec 27 1927

20. UNDERTAKER: Wagoner ADDRESS: 3621 Olive

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.

S. L. Luton.

9 N 5
a.m.