

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.

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

Do not use this space.

22159

1. PLACE OF DEATH

County.....

Registration District No.

791

Township.....

Primary Registration District No.

1003

City.....

St Louis Mo (No. 5804) Prescott Ave

File No.

Registered No.

6325

St.

Ward.....

2. FULL NAME

(a) Residence. No. 5804 Prescott Ave. 9 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**

Male

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

Bertha E Winter

6. DATE OF BIRTH (MONTH, DAY AND YEAR)April 28th 1878**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

50

1

14

8. OCCUPATION OF DECEASED

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

Retired, Real

(b) General nature of industry, business, or establishment in which employed (or employer)

Estate Business

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St Louis

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Christian Winter

PARENTS**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Memphis, Tenn

12. MAIDEN NAME OF MOTHER

Mary Knepper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St Louis Mo

14.INFORMANT
(Address)

Mrs Bertha E Winter

5804 Prescott Ave

15.

FILED

19

May 11 1923
C Starkiff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**June 12th 1928**17.**

I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., in

that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Acute Alcohol

Poisoning

Chronic Myocarditis

CONTRIBUTORY (SECONDARY)**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH.....

DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. W. Kerner, M.D.

6/20, 1928 (Address)

Dep. Coroner

*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**

Briedens

June 16 1928

20. UNDERTAKER**ADDRESS**Metz Hermann & Son 403rd Florissant

