

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Bow
City Kansas City (No. St. Luke's Hosp.)

Registration District No. 323

Primary Registration District No. 1-2

File No. 27377
Registered No. 3453
St. _____ Ward _____

2. FULL NAME

Julius Bernhardt Winkelmeier
(a) Residence No. _____ St. _____ Ward. Salisbury, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 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 Mrs. Johanna Winkelmeier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>72</u>		<u>6</u>	<u>14</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Martha'sville
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Carl Winkelmeier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Elyse Wick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) _____

14. INFORMANT Mrs. Chas. Spring
(Address) 122 N. Elmwood

15. FILED 8-16-28 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 16 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-17-28, 19____, to 8-16-28, 19____, that I last saw him alive on 8-16-28, 19____, and that death occurred, on the date stated above, at 2:55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of stomach
440 100A (duration) 2 yrs. _____ mos. _____ ds.
CONTRIBUTORY Phlebotomy
(SECONDARY) (duration) 14 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

1. DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7-21-28
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Exploratory Op.
(Signed) Leah B. Muller, M. D.
8/16, 1928 (Address) 1201 Rialto St. Mo.

*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 Salisbury, Mo. DATE OF BURIAL Aug. 17 1928

20. UNDERTAKER Freeman Mortuary ADDRESS 104 N. 42nd

WRITE PLAINLY, 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.

Dr. Fanni Nielsen
1701 Kisto Way