

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

Do not use this space.

8220

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 5939 Pershing Ave)
 St. _____ Ward _____

File No. _____
 Registered No. 1869
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 5939 Pershing Ave St. 5 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 8, 1929

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~
 HUSBAND OF (or) WIFE OF Anna Winston

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1928 to Feb 5, 1929
 that I last saw h. MA. alive on Feb 7, 1929, and that death occurred, on the date stated above, at _____ A. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 1, 1848

THE CAUSE OF DEATH* WAS AS FOLLOWS: Lumbar Carcinoma 1st + 2nd Dorsal vertebra - caused paraplegia probably secondary to carcinoma prostate. (duration) yrs. 5 mos. ds.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 | 6 | 7

CONTRIBUTORY Chronic purulent bronchitis (SECONDARY) bronchiectasis non tubercular (duration) 5 yrs. mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Extract Manufacturer

18. WHERE WAS DISEASE CONTRACTED 51C
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

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

19. WAS THERE AN AUTOPSY? Partial - section of spine removed.
 WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) Walter Trichel, M.D.

9. BIRTHPLACE (CITY OR TOWN) Jefferson City Mo.
 (STATE OR COUNTRY) _____

Feb 8, 1929 (Address) 3720 Washington

10. NAME OF FATHER William R. Winston

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

12. MAIDEN NAME OF MOTHER Catherine Dixon

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

14. INFORMANT Anna Winston
 (Address) 5939 Pershing 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.

15. FILED - 8 1929 W. C. Barker
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Nathalla Cemetery DATE OF BURIAL Feb 9, 1929

20. UNDERTAKER Chas. L. Geraghty ADDRESS 4822 Easton Ave

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

62
1
2
2

5720 Washington
Basement Building