

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

Do not use this space.

6894

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. City of St. Louis)

File No.....
Registered No. 1745
St. Ward)

2. FULL NAME

(a) Residence. No. 4454 Franklin St. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9 - 18 48

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 6 16

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Widow
(b) General nature of industry, business, or establishment in which employed (or employer). Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Winkowski
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Winkowski
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT (Address) Anna Winkowski

15. FILED 19 1930 Wm C. Starke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1930, to Jan 18 1930 that I last saw him alive on Jan 18 1930, and that death occurred, on the date stated above, at 1730 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Urinary Vesicle
SIF (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 49 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. No

DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

19. WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Carl H. Hoff, M. D.
1/18 1930 (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
Jessamine Ill Feb 19 1930

20. UNDERTAKER ADDRESS
Winkowski Funeral 1905 Union

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Montgomery