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.

14570

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 2710 Lemp Av St. ..... Ward)

File No. .....

Registered No. 3920.

2. FULL NAME Henry Doc Winkels

(a) Residence. No. 2710 Lemp Av St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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~~ Agnes Winkels

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5 - 1895

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
34	8	14	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer): Cutter Johnson Steven

(c) Name of employer: Factory

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Henry Winkels

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Mary Scholueken

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

14. INFORMANT George E Winkels
(Address) 1006 A Allen Ave.

15. FILED APR 20 1930 Max C Harkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1930

17. I HEREBY CERTIFY, That I attended deceased from April 5th, 1930, to April 19th, 1930, that I last saw h. ~~m.~~ alive on April 19th, 19..., and that death occurred, on the date stated above, at 7.55 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Galloping consumption

Pulmonary Tuberculosis

23A (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Hydropsy (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Robert Freidere M. D

April 19th 1930 (Address) 1012 Geyerlee

*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: St Peter & Paul

DATE OF BURIAL: April 23 1930

20. UNDERTAKER: J H Gebken Lic - Mud Co

ADDRESS: 2630 Grove

1012 [illegible]