

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

15178

1. PLACE OF DEATH

County Perry
Township Cinque Home
City (No. _____) _____

Registration District No. 659
Primary Registration District No. 5876

File No. 66
Registered No. 66
St. _____ Ward _____

2. FULL NAME

Silvinus Hugo Winschel

(a) Residence. No. _____ 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8, 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
3 9 27

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo

10. NAME OF FATHER August Winschel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo

12. MAIDEN NAME OF MOTHER Helen Ernst

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

14. INFORMANT August Winschel
(Address) Biehle Mo.

15. FILED May 19 1931 Martin Macckel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5th, 1931

17. I HEREBY CERTIFY, That I attended deceased from March 21th, 1931, to April 5th, 1931, that I last saw ~~him~~ her alive on April 5, 1931, and that death occurred, on the date stated above, at 10:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Fever
(duration) _____ yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. B. Bowman, M. D.
. 19 (Address) old Appleton 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 St. Josephs Cemetery DATE OF BURIAL April 6, 1931

20. UNDERTAKER Goellner & Young Perryville Mo
ADDRESS _____

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.

MAY 27 1931

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