

Bellevue

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

Do not use this space.

10833

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.

APR 24 1933
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1. PLACE OF DEATH

County *St Charles*
Township *St Charles*
City *St Charles*

Registration District No. *757*
Primary Registration District No. *5998*

File No. _____
Registered No. *39*
St. _____ Ward _____

2. FULL NAME

August Winckler

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 20th 1878</i>		
7. AGE YEARS <i>54</i>	MONTHS <i>3</i>	DAYS <i>18</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer 82A</i>		11. Total time (years) spent in this occupation <i>77</i>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 5th 1933*

22. I HEREBY CERTIFY. That I attended deceased from *March 1st 1933* to *March 8th 1933*
I last saw him alive on *March 8th 1933* Death is said to have occurred on the date stated above, at *7:20 P.M.*

The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis
General Arteriosclerosis
Date of onset *3/8/33*

Other contributory causes of importance:

General Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____
(Signed) *A. B. Bidney* M. D.
(Address) *St Charles Mo*

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Leppeler Mo</i>
	13. NAME <i>Charles Winckler</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Leppeler Mo</i>
	15. MAIDEN NAME <i>Louisa Marsh</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Leppeler Mo</i>
	17. INFORMANT (ADDRESS) <i>The Wincklers Augusta Mo</i>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Leppeler Mo</i> DATE <i>Mar 11 1933</i>
	19. UNDERTAKER (ADDRESS) <i>W. S. Schaeffer & Sons 708 N. Grand St. St. Charles Mo</i>
	20. FILED <i>3/11 1933</i> <i>H. J. Blochbaum</i> Registrar

