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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 28062

Township ..... Primary Registration District No. 1002 Registered No. 7142

City St. Louis (No. City Hospital ..... St. ..... Ward)

2. FULL NAME 6437 Charles Winter

(a) Residence, No. 4211 Glasgow 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 65 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 Charlotte

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15 - 1857

7. AGE: YEARS 76 | MONTHS 5. | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) 1908
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Wm Winter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Charlotta S.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hosp. Inf. M. Dist. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem DATE Aug 19, 1933

19. UNDERTAKER (ADDRESS) Seidenwieden Funeral Home 1936 St. Louis Ave

20. FILED AUG 19 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1933, to 8-15, 1933

I last saw him alive on 8-15, 1933. Death is said to have occurred on the date stated above, at 5-50 p.m.

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

Myocarditis, Chr.
Arteriosclerosis, general

Date of onset

186a

Other contributory causes of importance:
Fracture femur, simple.
A fall in own home

Name of operation None Date of Date

What test confirmed diagnosis? Exam Was there an autopsy? No

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) [signature], M. D.
(Address) City Hospital

Ok. B. Bredeck C. O.

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.

REP 26 1933