MAR 12 1936

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. 7788

Township ..... Primary Registration District No. 1003 Registered No. 1452

City St Louis Mo. (No. 712 Allen Ave St. ..... Ward)

2. FULL NAME Henry Winkels

(a) Residence, No. ..... 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: Mary Winkels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 16th 1860

7. AGE: Years 75 | Months 1 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

FATHER

13. NAME: Engelberth Winkels
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Anna Kluempes.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mary Winkels 712 Allen ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter & Paul DATE Feb 11th 1936

19. UNDERTAKER (ADDRESS): J H Gebken L & U. Co. 2630 Gravois Ave

20. FILED FEB - 9 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-30-, 1936, to 2-7, 1936

I last saw h. 1 m. alive on 2-7, 1936. Death is said to have occurred on the date stated above, at 8 P. m.

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

Hypostatic pneumonia bilateral Bronchial — Date of onset 2-3-36

8.2 C

Other contributory causes of importance:
Chronic arteriosclerosis c̄ encephalomalacia.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? 20

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? .....

If so, specify .....

(Signed) Wm J Watawa M. D.

(Address) 1040 Emmet

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.

[illegible]