

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

Do not use this space.

1. PLACE OF DEATH Agua, 1936 Registration District No. 785 File No. 12254
 County Bohannon Primary Registration District No. 6031 Registered No. 36
 City St. #2 Valley Park Mo. St. _____ Ward _____
 2. FULL NAME Charles F. Winkel
 (a) Residence, No. St. #2 Valley Park Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Winkel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1863</u>		
7. AGE YEARS <u>about 73</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ex. Salvor reaper</u>		
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) <u>18 yrs ago</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Fray & Winkel</u> (ADDRESS) <u>St. #2 Valley Park Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthews Bur.</u> DATE <u>3-31-36</u>		
19. UNDERTAKER <u>Truogshausen</u> (ADDRESS) <u>4228 N. Truogshausen</u>		
20. FILED <u>3-30-36</u> 19 <u>36</u> <u>Agnes C. Kelly</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/29/1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10th 1935 to March 28th 1936
 I last saw him alive on 3-28-36. Death is said to have occurred on the date stated above, at 5 a. m.
 The principal cause of death and related causes of importance were as follows:
Spondylitis Deformans

Date of onset _____

Other contributory causes of importance:
Infirmities of age

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

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) J. P. Durand, M. D.
 (Address) Valley Park Mo.

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.

Mr. Linn
Valley Park

at 2 P.M.