APR 11 1936

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

Do not use this space.

791

12822

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. 2875

Township ..... Primary Registration District No. ..... Registered No. ..... 

City St Louis Mo (No. 4574 Carter Ave St. ..... Ward)

2. FULL NAME Caroline Winkler

(a) Residence, No. 4574 Carter ave St., 7 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF the late Wm Winkler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1862

7. AGE: YEARS 73 MONTHS 7 DAYS 20 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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) Germany

FATHER

13. NAME Bernard Graman

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Catherine Phillips
(ADDRESS) 4574 Carter ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 3/18 1936

19. UNDERTAKER Root & Carroll
(ADDRESS) Hodiamont Ridge

20. FILED MAR 16 1936 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1935, to Mar 13, 1936

I last saw he alive on Mar 13, 1936. Death is said to have occurred on the date stated above, at 7 AM m.

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

| | Date of onset |
|---|---|
| Malignant Tumor of Stomach | |

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) 1316 A n Grand

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.

100M-3-28-35