

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.

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

Do not use this space.

17112

1. PLACE OF DEATH

County..... Registration District No. 1003
Township..... Primary Registration District No. 791
City St. Louis (No. American Hospital) File No. 3867
Registered No. 3867 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1116 Hornsby Ave. St. Ward 8
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emil T. Winton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1869
7. AGE YEARS 67 MONTHS 0 DAYS 17 IF LESS than 1 day, _____ hr. 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) St. Louis Mo

MOTHER 13. NAME Henry Winton

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Emil T. Winton
(ADDRESS) 1116 Hornsby Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pats DATE April 10, 1936

19. UNDERTAKER Walter Hornsby Fed Coy
(ADDRESS) 216 G. Oak Fair Ave.

20. FILE NO. APR 8 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936, to April 7, 1936
I last saw her... alive on April 7, 1936 Death is said to have occurred on the date stated above, at 8:00 A.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 4-2-36

Other contributory causes of importance: none

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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? _____
If so, specify no
(Signed) H. F. Miller, M. D.
(Address) 8410 N. Broadway

