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.

MAY 5 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

Township ..... Primary Registration District No. 1003

City St. Louis (No. 6739 Idaho St. ..... Ward)

File No. 20734

Registered No. 4916

2. FULL NAME George W. Wintle

(a) Residence, No. 6739 Idaho 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: 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: Ida Wintle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 10, 1862

7. AGE: YEARS 74 | MONTHS 2 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Beer

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: George Wintle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England.

MOTHER

15. MAIDEN NAME: Emily (Unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Mrs. Ida Wintle 6739 Idaho.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE 5 - 6 1936

19. UNDERTAKER (ADDRESS): Southern Und. Co. 6322 S. Grand

20. FILED MAY 5 - 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5 - 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to May 4, 1936.
I last saw him alive on May 3, 1935. Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

acute Bronchopneumonia — Date of onset 5/1/36

1070

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) [signature], M. D.
(Address) 6825 Virginia

Dr McBratney
6829 Virginia
1 pm.