

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.

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

Do not use this space.

OCT 5 1936

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **7008**
City **St. Louis** (No. **Alexian Brothers Hospital**) St. Ward)

File No. **36123**
Registered No. **3766**

2. FULL NAME **Chas. J. Winzen**

(a) Residence, No. **5522 So. 37th St.** St. **15** Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 21, 1918.**

7. AGE YEARS **18** MONTHS **8** DAYS **4** IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Mill-man**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Carondelet Planing Mill**
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.**

13. NAME **Mathias A. Winzen**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

15. MAIDEN NAME **Marie Mederer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT **Mathias A. Winzen** (ADDRESS) **5522 So. 37th St.**

18. BURIAL, CREMATION, OR REMOVAL **New St. Peter & Paul** DATE **Sept. 28, 1936**

19. UNDERTAKER **J. H. Gebben, P. & Co.** (ADDRESS) **2842 Jerome St.**

20. FILED **St. Bredeck** Registrar.

No. Chy in attendance MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 25, 1936**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **11:30 A. m.**

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

External & Internal Haemorrhage following laceration of abdominal wall and liver rec'd. when steel blade in wood shaper became loose from fastenings & struck deceased.

Other contributory causes of importance *(deceased was standing near machine and assisting the operator.)*

Name of operation **1946** Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accid.** Date of injury **9/25/1936**

Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Industry**

Manner of injury **see above**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **Yes**
If so, specify.....

(Signed) *[Signature]* (Address) *[Address]*

9/26/36

