

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.

JAN 29 1937

43382

1. PLACE OF DEATH

County St. Louis Registration District No. 1170  
Township Jefferson Primary Registration District No. 6248-H  
City Richmond Heights (No. St. Marys Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 264

2. FULL NAME Sister Anastasia Winker

(a) Residence, No. 6321 Clemens Ave. 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 Female 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) April 13, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>62</u>	<u>6</u>	<u>20</u>	

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

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) Missouri.

13. NAME George Winker.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine.

15. MAIDEN NAME Anne Sprentel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger many.

17. INFORMANT Sister Remigio.  
(ADDRESS) 6321 Clemens Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 5, 1936.

19. UNDERTAKER Arthur J. Donnelly Undt. Co.  
(ADDRESS) 3840 Lindell Blvd.

20. FILED Nov. 4, 1936 Sam A. Bassett  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/2/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/20/36, 19, to 11/2/36, 19.

I last saw him alive on 11/2/36, 19. Death is said to have occurred on the date stated above, at 9:45 Am.

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

Acute hyperthyroidism  
Acute cholecystitis

Date of onset

Other contributory causes of importance:

Name of operation Cholecystomy Date of 10/20/36  
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? \_\_\_\_\_ 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) Wm. B. Manton, M. D.  
(Address) 607-n Grand

