

JUN 6 1936

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

Do not use this space.

791
1003

48360

5543

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. St. Anthony Hospital St. Ward)

2. FULL NAME

(a) Residence, No. Stillborn - Louis St. N.H. Ward. Herculaneum Mo
(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25, 1936</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

FATHER
13. NAME George W. Winkler
14. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Catherine Jordan
16. BIRTHPLACE (CITY OR TOWN) Herculaneum Mo
(STATE OR COUNTRY)

17. INFORMANT Mrs. Mary Jordan
(ADDRESS) Herculaneum Mo

18. BURIAL, CREMATION, OR REMOVAL Mo.
PLACE Herculaneum DATE May 28, 1936

19. UNDERTAKER Frances V. Barnhart
(ADDRESS) Crestal City Mo

20. FILED MAY 26 1936
J.P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 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 8:30 m.
The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:
Death due to poly-hydramnion
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? To

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? To
If so, specify.....
(Signed) M.J. Gullhaus, M. D.
(Address) St. Anthony Hospital

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.

