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

Do not use this space.

FEB 8 1937

File No. 4054
Registered No. 1097

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Francis Jordan Winter

(a) Residence, No. Houston Texas St., NR Ward. Houston, Texas (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10th 1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
52	1	14	

OCCUPATION

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

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) Mobile (STATE OR COUNTRY) Alabama

FATHER

13. NAME John Gano Winter

14. BIRTHPLACE (CITY OR TOWN) Augusta (STATE OR COUNTRY) Georgia

MOTHER

15. MAIDEN NAME Ellen Lewis Jordan

16. BIRTHPLACE (CITY OR TOWN) Huntsville (STATE OR COUNTRY) Alabama

17. INFORMANT Janet Winter (ADDRESS) Houston Texas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Waco, Texas DATE Jan 25th 1937

19. UNDERTAKER Wagoner Undertaking Co (ADDRESS) 3621 Olive Street

20. FILED JAN 25 1937, 19.... J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18 1937, to Jan 24, 1937
I last saw him alive on Jan 24, 1937. Death is said to have occurred on the date stated above, at 12:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	Nov 1936
Pulmonary embolism	Dec-1936
95 hr	

Other contributory causes of importance:

Gangrene, right leg due to	Jan 16-37
Coronary thrombosis	Nov-1936

Name of operation ..... 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? ..... 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) F R Bradley, M. D.
(Address) BARNES 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.