

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County C.
Township
City St. Louis (No. 9)

Registration District No. 791
Primary Registration District No. 1003
St. Anthony Hospital

File No. 8753
Registered No. 2217
St. _____ Ward _____

2. FULL NAME Fred. A. Winter

(a) Residence, No. 5052 Mardel St. 14 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 Grace Winter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 2

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

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) St. Louis Missouri

13. NAME Conrad Winter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Louisa Stock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Grace Winter
(ADDRESS) 5052 Mardel Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE Feb. 24, 1937

19. UNDERTAKER Chuck Bros
(ADDRESS) 2201 So. Grand Blvd.

FILED 23 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1937, to Feb 21, 1937

I last saw him alive on Feb 21, 1937 Death is said

to have occurred on the date stated above, at 11:30 P.M.

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

Carcinoma of Prostate Date of onset

Other contributory causes of importance:

apoplexy

Name of operation Excision of Prostate Date of Feb 20

What test confirmed diagnosis? Tact Exam Was there an autopsy? no

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) W. C. Knight M. D.

(Address) 3720 Mackway

WRITE PLAINLY WITH CARBON IMPRESSIONS AT LEFT MARGINS. PHYSICIANS should state N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ST. LOUIS, MO. 64601

Dr. Leighton
3720 Washington
1-3 P.M.

801-11