JUN 12 1937

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

Do not use this space.

18510

File No. 5086

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

Mo. *Pacific Hospital

2. FULL NAME JOHN WINTERS

(a) Residence, No. 108 TWIN St., V.R. Ward. BONNE TERRE, 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	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 Lora Winters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12th, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	11	8	

OCCUPATION

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

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) April 1937

11. Total time (years) spent in this occupation 41 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER

13. NAME Marion Winters

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

MOTHER

15. MAIDEN NAME Katherine Tole

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

17. INFORMANT Lora Winters
(ADDRESS) Bonne Terre, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bonne Terre, Mo. DATE May 22nd, 1937

19. UNDERTAKER Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED MAY 20 1937 J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from MAY 18, 1937, to MAY 20, 1937

I last saw h/m alive on MAY 20, 1937. Death is said to have occurred on the date stated above, at 3:45 A. m.

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

	Date of onset
APOPLEXY	5/16/37
HYPERTENSIVE HEART DISEASE	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) J. L. Mudgett, M. D.

(Address) Missouri Pacific 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.