

JAN 10 1938

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

43241
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **3958 Sullivan Ave.,** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **11491**

2. PRINT FULL NAME **Anthony G. Wingerter Jr.**

(a) Residence, No. **3958 Sullivan Ave.,** St. **10**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**
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) **Jan. 31, 1920**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 10 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **In School**
9. Industry or business in which work was done, as 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) **Hartford Conn.**

FATHER 13. NAME **Anthony G. Wingerter**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cape Girardeau Mo.**

MOTHER 15. MAIDEN NAME **Mary E. Richardson**

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

17. INFORMANT **Anthony G. Wingerter**
(ADDRESS) **3958 Sullivan**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **12/15/37**

19. FUNERAL DIRECTOR **Edith E. Gumbuster**
(ADDRESS) **4234 Manchester**

20. FILED **DEC 14 1937** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 13**, 19**37**

22. HEREBY CERTIFY, that I attended deceased from **June 29, 1937** to **Dec 13, 1937**

I last saw him alive on **Dec 12, 1937** Death is said to have occurred on the date stated above, at **12:30 a.m.**
The principal cause of death and related causes of importance were as follows:

Meningeal **Indefinite**

Other contributory causes of importance:
Chronic diffuse nephritis **Indefinite**

Name of operation **Autopsy** Date of **12/13/37**
What test confirmed diagnosis? **Test** 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 **Harry N. Meyer**, M. D.
(Signed) **Harry N. Meyer**
(Address) **4903 Pelissier**

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.

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Signed Florenz Eynck, Registered Apprentice No. _____
Licensed Embalmer No. 1284

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)