

FEB 12 1938

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

197
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo. Registration District No. 791
(b) Township 1008 Primary Registration District No. 1008 Registered No. 53
(c) City St. Louis Mo. (d) Street No. Barnes Hospital St. 1008
(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.

2. PRINT FULL NAME John L. Winkler 594

(a) Residence, No. 25 S. 16th St. St. 22 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 76 — — —

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Restaurant Man
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
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) Peoria Ill.

13. NAME Andrew Winkler 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Elizabeth Thom

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

17. INFORMANT (ADDRESS) H. H. Wampson 5419 Calhoun Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem. 1-11-38

19. FUNERAL DIRECTOR (ADDRESS) Drehmann Naval 1905 Union Blvd

20. FILED 8-1330 19 38 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31-37 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-22 1937, to 12-31 1937
I last saw him alive on 12-31 1937. Death is said to have occurred on the date stated above, at 9:15 a m.

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

Cardiac Decompensation Date of onset 4 yrs ago
arteriosclerotic arteries

Other contributory causes of importance: Senility

Name of operation none 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. 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.

000

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by....., Registered Apprentice No.
working under my personal supervision.

Signed

Robert M. Sanford

Licensed Embalmer No. *2273*

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.)