

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

4781
Do not use this space.

REC'D MAR 14 1938

**791
1003**

Registered No. **1426**

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. 3821 Humphrey 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.

2. PRINT FULL NAME

Cordelia M. Winn 500
 (a) Residence, No. 3821 Humphrey St. St. 16
 (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 Female 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 Late. Dr. Wm. B. Winn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	80	2	21	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Charleston
 (STATE OR COUNTRY) South Carolina

FATHER 13. NAME Melvin M. Cohen

14. BIRTHPLACE (CITY OR TOWN) S. Carolina
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Virginia Unknown

16. BIRTHPLACE (CITY OR TOWN) S. Carolina
 (STATE OR COUNTRY)

17. INFORMANT Virginia O. Winn
 (ADDRESS) 3821 Humphrey St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 2-9 1938

19. FUNERAL DIRECTOR Kriegshausler Mortuaries
 (ADDRESS) 4228 So. Kingshighway

20. FILED FEB 8 1938
J. B. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1938 to Feb 7 1938
 last saw h. or alive on Feb 7 1938. Death is said to have occurred on the date stated above, at 10:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage with arterio-sclerosis (Hemiplegia present) Date of onset Feb 7

Other contributory causes of importance: None

Name of operation none 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 None
 (Signed) H. E. Kriegshausler M. D.
 (Address) 3603 Humphrey St.

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.

Dr. Kirkpatrick
3603 Humphrey
11-12 & 7-8

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..... *Edwin M. Bennett*

Licensed Embalmer No. *3024*

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.)