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.

REC'D MAY 6 1938

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

Do not use this space.

15914

1. PLACE OF DEATH
County St. Louis, Missouri. Registration District No. 784 File No.
Township Carondelet. Primary Registration District No. 200 Registered No. 765
City ~~Jefferson Bks, Mo.~~ (No. Post Hospital St. Ward)

2. FULL NAME Sam E. Winslow. 524
(a) Residence, No. 805 O'Fallon st. St., Ward. St. Louis, 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: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 9, 1920.

7. AGE: 18 YEARS | MONTHS: 1 | DAYS: 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conservation Work.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Civilian Conservation Camp.
10. Date deceased last worked at this occupation (month and year) March 21, 1938.
11. Total time (years) spent in this occupation 2 Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri. 0

FATHER
13. NAME Sam Winslow 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri 1

MOTHER
15. MAIDEN NAME Ida E. Wolf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Helena, Arkansas.

17. INFORMANT (ADDRESS): Mrs. Ida Winslow. 805 O'Fallon St. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem. DATE April 27 1938

19. UNDERTAKER (ADDRESS): C. Hoffmeister U.&L.Co. 7814 S. Broadway

20. FILED 4-26, 1938 T.R. Meyer M.D. Dr. P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1938, to April 25, 1938
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:30AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Nephritis, chronic, parenchymatous, cause undetermined.	Unknown
2. Broncho-pneumonia, terminal, atelectatic, both lower lobes and right middle lobe. 131	4-24-38

Other contributory causes of importance:
1. Peritonitis, subacute, generalized, low-grade, cause and type undetermined, probably secondary to nephritis and ascites. ~~3-20-38~~

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 L.A. Bilotta 1
(Signed) L.A. Bilotta, M. D.
707 (Address) Station Hospital, Jefferson Barracks, Missouri.

B. H.

BH