

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

30866
 Do not use this space.

1. PLACE OF DEATH **REC'D OCT 10 1938**

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **5018a Devonshire Ave.** Registered No. **8303**
 (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 **Kathrine Winkler**
 (a) Residence, No. **5018a Devonshire Ave.** St. **14** (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 **Female** 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) **June 14, 1858**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Business**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Dry goods**
 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) **Germany**

FATHER 13. NAME **John Winkler**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Raymond G. Laux**
5018 Nottingham Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **9-24**, 19 **38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Kriegshauser Mortuaries**
4223 So. Kingshighway

20. FILED **SEP 22 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-21**, 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **11-7-36**, 19....., to **9-21-38**, 19.....
 I last saw her alive on **9-21-38**, 19..... Death is said to have occurred on the date stated above, at **5 A.M.**

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

Chronic myocarditis 11/7/36

Date of onset

Other contributory causes of importance:

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
 (Signed) **O. C. Oberhelman**, M. D.
 (Address) **4523 S. Kingshighway**

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

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No. 3024

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.