

REC'D APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH

8311
Do not use this space.

1. PLACE OF DEATH
(a) County ST. LOUIS Registration District No. 1
(b) Township _____ Primary Registration District No. _____ Registered No. 2076
(c) City ST. LOUIS (d) Street No. 4350 Cook 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.
2. PRINT FULL NAME Eugene Winston
(a) Residence, No. 4350 Cook St. 11 (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mildred Winston
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 2 12
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as saw mill, bank, etc. Miss Pick yard
10. Date deceased last worked at this occupation (month and year) 1 yr. ago 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Alton 0
Missouri 1
13. NAME James Winston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville 0
Tenn.
15. MAIDEN NAME Elizabeth Rhodes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Black Jack
Mo
17. INFORMANT Mildred Winston
(ADDRESS) 4350 Cook Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park Cem. DATE March 5 1939
19. FUNERAL DIRECTOR (ADDRESS) C. Young
4400 Kennedy
20. FILE MAR 4 1939 J. P. Bledsoe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2nd, 19 39
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:15 m. A. M.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis;
Chronic Interstitial Nephritis;
Arteriosclerosis.
Date of onset _____
Other contributory causes of importance: 1/2!
Name of operation _____ 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 see above
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Joseph M. Quinn M.D.
(Address) Deputy Coroner

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,, 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 *Charles H. ...*

Licensed Embalmer No. *5371*

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.)