RECD APR 11 1939

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

10765
Do not use this space.

1. PLACE OF DEATH
(a) County Gasconade — Registration District No. 366
(b) Township Boeuf 1 — Primary Registration District No. 5424 — Registered No. 3
(c) City ____ (d) Street No. ____ 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 5 yrs. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Gotlieb Winter

(a) Residence, No. ____ St. ____
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) ~~WIFE OF~~: Sofie Winter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 4 - 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farming
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): Owensville R.F.D. #1 Missouri

FATHER

13. NAME: J. N. Winter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Johanna Weidsteg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Harry Winter, Owensville Mo. (R.1)

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns Lutheran Cemetery Owensville Mo. R.1 DATE March 14, 1939

19. FUNERAL DIRECTOR (ADDRESS): W.F. Gottenbracten Owensville Mo

20. FILED 3-12-1939 John Engelbrecht Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3 - 11 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1939, to 3-11, 1939
I last saw h. alive on 3-11, 1939. Death is said to have occurred on the date stated above, at 12 Noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Right Base	2-2-39
Auricular Fibrillation	2-24-39
Pharyngitis, Acute	2-27-39

Other contributory causes of importance: Hypertension — ____

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 ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____
(Signed) Paul Livingston, M. D.
(Address) Owensville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
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.
V. S. No. 2. BOM-7-10-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, W.F. Gattenstroeter, Licensed Embalmer No. 1444

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

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed W.F. Gattenstroeter

Licensed Embalmer No. 1444

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.)