MAR 6 1939 REC'D APR 7 1939

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

12365
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township Normendy
(c) City Wellston
Registration District No. 784
Primary Registration District No. 700
Registered No. 400
(d) Street No. 1329 Michael 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 Josephine Marie Winzerling,
(a) Residence, No. 1329 Michael Ave., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widoewd

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alwin Winzerland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1863.

7. AGE: Years 76 | Months 1 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc.
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 Treordia Demel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elenore Hiemesch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Miss. Hanna Winzerlang
(ADDRESS) 1329 Michael Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE Mar. 8/39. 19

19. FUNERAL DIRECTOR Jos. W. Clark,
(ADDRESS) 1125 Hodiamont Ave.

20. FILED MAR 6 1939 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4/39. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1938, to March 4, 1939
I last saw her alive on March 4, 1939. Death is said to have occurred on the date stated above, at 2.45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (originating in Uterus)	April 1938
45	
Other contributory causes of importance: Secondary anemia	Dec 1938

Name of operation ..... Date of ..... What test confirmed diagnosis? Autopsy 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) Wm P. Glennon, M. D.
(Address) 707 University Club Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X12904

Dr. W.P.Glennon
University Club Bldg.,
I-3 P.M.
Jefferson 5663.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I,

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 Jos. W. Clark.

Licensed Embalmer No. I66I.

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.)