

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.

1 - 1939

REC'D JUN 8 1939

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

19865
Do not use this space.

1. PLACE OF DEATH
 (a) County... Saint Louis Registration District No. 784
 (b) Township... Carondelet Primary Registration District No. 200 Registered No. 989
 (c) City... Jefferson Barracks (d) Street No. VETERAN HOSP. St. St. Louis, Mo.
 (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 Unkn. yrs. 1 mos. 7 ds. (f) How long in U. S., if of foreign birth? 4/8 yrs. mos. ds.

2. PRINT FULL NAME... James G. Van Winkle
 (a) Residence, No. 538 Scranton Baden Station St. St. Louis, Mo.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Emma Van Winkle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 0 5

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician
 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) 1938 11. Total time (years) spent in this occupation. 26

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elsherry Missouri
 13. NAME James Van Winkle
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Maria Lavv
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Clinical School of VAF Jefferson Barracks, Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE BETHEM CEM DATE JUNE 3 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) WILFRIED E. HOME 2319 HALLS FERRY RD
 20. FILED JUN 1 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1939, to May 30, 1939
 I last saw him alive on May 30, 1939. Death is said to have occurred on the date stated above, at 6:30P.m.
 The principal cause of death and related causes of importance were as follows:
Nephritis, chronic, without edema Date of onset Unkn.
Arteriosclerosis, general. Unkn.
Hypertension, arterial. "
Myocarditis, with cardiac hypertrophy. "
Phy. stigmata manif. and lab. Date of...
 What test confirmed diagnosis? None 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?
 If so, specify...
 (Signed) C. W. Hughes, M. D.
 (Address) VAF Jefferson Barracks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Guy W Wilkinson

Licensed Embalmer No. 2575

P. O. Address St Louis

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.