

1939 JUL 11 1939

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

21585  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Bushanan 3 Registration District No. 85  
 (b) Township St Joseph 1 Primary Registration District No. 1001 Registered No. 622  
 (c) City St Joseph (d) Street No. 1227 E. Crooked 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 Infant Winkelman  
 (a) Residence, No. 2601 No. 3rd. St.  (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 whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) stillbirth

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 - 39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. stillbirth

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) St Joseph Mo

FATHER 13. NAME Harry L Winkelman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Md

MOTHER 15. MAIDEN NAME Evelyn Johnson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Harry L Winkelman

18. BURIAL, CREMATION, OR REMOVAL PLACE ashland DATE 6-19-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray Stanger 2335 St Joseph Ave

20. FILED 6/19 1939 W. M. McAllister Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1939

22. I HEREBY CERTIFY That I attended deceased from Stillborn June 18, 1939  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5 P.m.  
 The principal cause of death and related causes of importance were as follows:  
Premature  
Stillborn  
Cause Unknown

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis clinical 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) George Stanger, M. D.  
 (Address) St Joseph Mo

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

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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

*Was not Embalmed*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*John H. Hurley*

Licensed Embalmer No. *40510*

P. O. Address *7335 St. Joseph*

**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.**