

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis, MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Dr. George Bernward Winter  
3. (b) If veteran, name war unknown  
3. (c) Social Security No. none

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Josephine Porter Winter  
6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased April 14 1878  
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Brooklyn, N.Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist.

11. Industry or business \_\_\_\_\_

12. Name Ernest G. Winter.  
13. Birthplace Hamburg, Germany.  
(City, town, or county) (State or foreign country)  
14. Maiden name Matilde Ravensdorf.  
15. Birthplace Hamburg, Germany.  
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine P. Winter.  
(b) Address # 12 Beverly, Place.  
17. (a) Burial (b) Date thereof 4 / 1 / 40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.  
(b) Address 7233 Delmar, Blyd.

19. (a) MAR 29 1940 (b) J. Anderson  
(Date of registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis 12  
(If outside city or town limit, write "RURAL")  
(d) Street No. 12 Beverly Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
year 1940 hour 9 minute 45 P.M.  
21. I hereby certify that I attended the deceased from 3-27  
\_\_\_\_\_ 1940, to 3-28 \_\_\_\_\_ 1940;

that I last saw him alive on 3-28-40 \_\_\_\_\_ 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary hemorrhage

Due to Obstructing emphysema  
cause unknown

Due to \_\_\_\_\_

Other conditions Cardiac hypertrophy  
(Include pregnancy within 3 months of death)

Major findings: Of operations 956

Of autopsy as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature M. Anderson (M. D. or other) 3-29-40  
Address BARNES HOSPITAL Date signed 1

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration  
Underline the cause to which death should be charged statistically.

MAY 21 1942

**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.....

Don J. Guseby, Registered Apprentice No. 269  
working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011.5

P. O. Address St. Louis Mo.

**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.**