FILED APR 15 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9509

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2992

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

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: Dee Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St ~~Louis Mo~~ Jennings N.R
(If outside city or town limits write "RURAL")

(d) Street No. 2020 Mc/ Laren Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John J. Winkelmann

3. (b) If veteran, name war

3. (c) Social Security No. 489-03-5182

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sophia Winkelmann

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased November 25 Th 1880
(Month) (Day) (Year)

8. AGE: Years 59 ------ Months 4--- Days 5 -- If less than one day hr. min.

9. Birthplace St Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business Proctor & Gamble Soap Co

FATHER
12. Name Joseph Winkelmann
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Knowen
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Sophia Winkelmann
(b) Address 2020 Mc/Laren Ave 1940

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2 D (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3514 N 14 Th Str.

19. (a) MAR 31 1940 (Date received local registrar) (b) J. F. Biedich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30
year 1940 hour 6 minute 3 a M.

21. I hereby certify that I attended the deceased from Mar. 23, 1940 to Mar. 30, 1940
that I last saw him alive on Mar. 29, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2 days.
Due to Chronic Interstitial nephritis	Don't know
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature R. R. Menown (M. D. or other) MN
Address 5330 Geraldine Date signed 3/30/40

(Licensed Embalmer's Statement on Reverse Side)

#5

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Kenay

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.