

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(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: 2218 Benton St. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 50 years
years, months or days) _____

8. (a) PRINT FULL NAME ELIZABETH WINTERS

8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Late Andy Winters 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 21-1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 28 If less than one day
hr. _____ min. _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Unknown

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Andy Winters

(b) Address 2218 Benton St.

17. (a) Burial (b) Date thereof May 22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves Cem.

18. (a) Signature of funeral director Ray Anderson M. Co

(b) Address 2223 St. Louis Ave

19. (a) MAY 20 1940 (b) J. P. Braddock
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, Mo 20
(If outside city or town limits, write "RURAL")
(d) Street No. 2218 Benton St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1940 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from May 6, 1940 to May 19, 1940
that I last saw him alive on May 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis yrs.
pernicious, caused 4 days
by chronic nephritis
bronchiectasis yrs.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 31

Of autopsy _____

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 _____

28. Signature Arthur E. Anderson (M. D. or other) M.D.

Address 7707 University Date signed 5/20/40

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

MOTHER BATHER

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

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

John P. Buckley

Licensed Embalmer No. *1684*

P. O. Address *2223 St. Louis Ave*

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.