

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town **ST LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ALEXIAN BROTHERS 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **JOHN WINKELER-524**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **ANNA** 6. (c) Age of husband or wife if alive.....years

7. Birth date of deceased **APR 13 1860**
(Month) (Day) (Year)

8. AGE: Years **80** Months **3** Days **20** If less than one day hr. min.

9. Birthplace **ST LOUIS MO. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER -**

11. Industry or business **RETIRED**

12. Name **BERNARD WINKELER**

13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Winkler -**
(b) Address **5504 New York**

17. (a) **BURIAL** (b) Date thereof **8/7/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt Oliv - Cem**

18. (a) Signature of funeral director **T. P. Fendley**
(b) Address **7178 Michigan**

19. (a) **AUG 7 1940** (b) **J. P. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County.....
(c) City or town **ST LOUIS, CO NR**
(If outside city or town limits, write "RURAL")
(d) Street No. **3710 FANNIE AV.**
(If rural, give location)
(e) If foreign born, how long in U. S. A?.....years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **4**
40 year **10** hour **15** minute **AM.**

21. I hereby certify that I attended the deceased from **AUG 1** 19**40** to **AUG 4** 19**40**
that I last saw him alive on **AUG 3** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Atherosclerosis** Duration **5 days**

Due to **Arterio Sclerosis**

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?

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

23. Signature **Oliver J. Hand** (M. D. or other) **MD**
Address **7606 Michigan** Date signed **AUG 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 Zimay*

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.