

FILED AUG 28 1941 791
Registration District No. _____

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:
St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Donald Lee Wintjen

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 12 1936
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>5</u>	<u>0</u>	<u>4</u>	_____ hr. _____ min.

9. Birthplace Pleasant Hill Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Andrew Wintjen

13. Birthplace Mozier Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Cloninger

15. Birthplace Pleasant Hill Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Wintjen

(b) Address Rockport, Ill., Ill.

17. (a) Removal (b) Date thereof 7/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JUL 17 1941 (b) J. H. Fredrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike
(c) City or town Rockport Ill.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16
year 1941 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from 6-23
1941, to 7-16, 1941
that I last saw him alive on 7-16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death:
acute myocardial failure following bronchiectasis

Due to Bilateral Bronchiectasis
Due to _____

Other conditions (include pregnancy within 3 months of death) 106 lb

Major findings: Of operations Bronchiectasis

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 _____

23. Signature J. H. Fredrick (M. D. or other) _____
Address Parsons Hosp Date signed 7/16/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

000
17
9

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 Walter A. Burnley
Licensed Embalmer No. 4202

P. O. Address

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.