

FILED JAN 24 1942 791

Primary Registration District No. **1003**

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:
6th & Olive
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3445 Abner Pl.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **22**
year **1941** hour **1** minute **P.** M.
21. I hereby certify that I attended the deceased from **March 13**
19**40**, to **November 10** 19**41**
that I last saw him alive on **Nov 10** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **2 min**

Due to **Chronic coronary arteriosclerosis** 2 yrs +

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) (e) Means of injury _____

23. Signature **Russbaum** (M. D. or other) _____
Address **3651 Grandel Sq.** Date signed **12-23-41**

3. (a) PRINT FULL NAME **Fred Augustus Winslow**

3. (b) If veteran, name war _____ 3. (c) Social Security **493-07-4673**

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

6. (b) Name of husband or wife **Myrtle Winslow** 6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **Oct. 14 1874**
(Month) (Day) (Year)

8. AGE: Years **67** Months **2** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **Newark N.J.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Accountant**

11. Industry or business **Retired**

12. Name **Fred Winslow**

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

14. Maiden name **Mary Ash**

15. Birthplace **N.J.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Myrtle Winslow**

(b) Address **3445 Abner Pl.**

17. (a) **Burial** (b) Date thereof **Dec. 24 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cem.**

18. (a) Signature of funeral director **Drehmann Herral**

(b) Address **1905 Union Blvd.**

19. (a) **DEC 24 1941** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

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

30
17
9

RD

3651 Handled by
Jeff 4430
11-2

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..... *Warren A. Gwinn*
Licensed Embalmer No. *3534*
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, fact should be so stated above.