

FILED FEB 24 1942 791

1003

Registration District No.

Primary Registration District No.

Registrar's 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:  
2307 So. 11th St.  
(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 Barbara Winkelmann

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

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

6. (b) Name of husband or wife John H. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 7 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 8 10 hr. min.

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

10. Usual occupation At home

MOTHER FATHER 11. Industry or business

12. Name John Grassinger

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

14. Maiden name Modesty Chaffin

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

16. (a) Informant Albert Winkelmann

(b) Address 2307 So. 11th St.

17. (a) Burial (b) Date thereof Jan. 20, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Robert Perry  
2842 Meramec St.

(b) Address

19. (a) Jan 19 1942 (b) J. F. Bredesh  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 2307 So. 11th St. (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17th  
year 1942 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1941 to Jan 17 1942  
that I last saw her alive on Jan 15 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Chronic hyp. condition  
Due to Chronic endocarditis  
Chronic nephritis  
Due to.....

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

Major findings:  
Of operations.....  
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 Everett Lane (M. D. or other)  
Address 7606 W. 11th St. Date signed Jan 19

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

DR. O.T. McNamee  
1606 Michigan  
1-3 PM

**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.....

**Joseph S. Benz**

....., Registered Apprentice No. **218**

working under my personal supervision.

Signed

*Joseph S. Benz*

Licensed Embalmer No. **4094**

**2842 Meramec St.**  
P. O. Address **St. Louis, Mo.**

**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.**