

FILED FEB 24 1942

1003

Registration District No. **791**

Primary Registration District No. _____

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:
City Hospital # 1 0
 (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 **Theodore Winkle**

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

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

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

7. Birth date of deceased **Sept. 4 1889**
 (Month) (Day) (Year)

8. AGE: Years **52** Months **4** Days **12** If less than one day hr. _____ min.

9. Birthplace **St. Charles Co. Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Fisherman**

11. Industry or business _____

MOTHER FATHER { 12. Name **Robert Winkle**
 13. Birthplace **Grafton Missouri**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Margaret Audrain**
 15. Birthplace **Portage De Sioux Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **William Winkle**
 (b) Address **Robertson, Mo.**

17. (a) **Burial** (b) Date thereof **1-20-42**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Charles, Mo.**

18. (a) Signature of funeral director **H. C. Dallmeyer & Son**
St. Charles, Mo.
 (b) Address _____

19. (a) **JAN 19 1942** (b) **J. F. Brudeck**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1512 Hodiamont Ave.**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JANUARY** day **16**
 year **1942** hour **7** minute **7** M.

21. I hereby certify that I attended the deceased from **Oct 1**, 19**41**, to **Jan 16**, 19**42**
 that I last saw him alive on **Jan 16, 1942**,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration _____

Due to _____

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 **Emile Anst** (M. D. or other) **M.D.**
 Address **1194 Hodiamont Ave.** Date signed **Jan. 9 1942**

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.....

Albert G. Hoffe

Licensed Embalmer No.....

2991

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.