V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X98484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13202

State File No. 3711

FILED MAY 7 1942 791

Registration District No. ____ Primary Registration District No. 1003 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: 6233 Magnolia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

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. 6233 Magnolia (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Ella Winterton
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James E. Winterton
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased October (Month) 6 (Day) 1874 (Year)
8. AGE: Years 67 Months 6 Days 18 If less than one day ____ hr. ____ min.
9. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
FATHER 12. Name William H. Benson
FATHER 13. Birthplace England (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Josephine McKliget
MOTHER 15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant James E. Winterton
(b) Address 6233 Magnolia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus
18. (a) Signature of funeral director Schumacher Chapel Co.
(b) Address 3013 Meramec
19. (a) APR 27 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1942 hour 10 minute 15 P. M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death ____ Duration
Due to Chronic Myocarditis
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature Alfred Weiss (M. D. or other)
Address Clayton Mo. Date signed 4/27/42

(Licensed Embalmer's Statement on Reverse Side)

Cremation

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 George N. Archambault, Registered Apprentice No. XXXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

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.