S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

Registration District No. 184

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7749

Primary Registration District No. 101

Registrar's No. 461

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community years, months or days).

2. USUAL RESIDENCE OF DECEASED: 96
(a) State Missouri (b) County St. Louis 0
(c) City or town South Kinloch 0
(If outside city or town limits, write "RURAL")
(d) Street No. Washington & Scudder
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Baby Girl Winston (Ella Ann)

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race Colored 3

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ---

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased 1- (Month) 2- (Day) 1943 (Year)

8. AGE: Years | Months | Days 5 | If less than one day hr. min.

9. Birthplace Clayton (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name George Winston
13. Birthplace Nashville, (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Mildred Pryor
15. Birthplace St. Louis, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant E. Brown
(b) Address St. Louis County Hospital

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis Crematory

18. (a) Signature of funeral director St. L. County Hosp. E. Brown
(b) Address 601 S. Brentwood Clayton Mo.

19. (a) MAR 1 1943 (Date received local registrar) (b) C. G. McGarfin M.D. (Registrar's signature) A.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 7 year 1943 hour 1: minute 40 P. M.

21. I hereby certify that I attended the deceased from 1-2-43, 19..., to 1-7-43, 19...; that I last saw her alive on 1-7-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity — Duration (5 mo)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 159

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 George S. Logerman (M. D. or other)
Address St. Louis County Hospital Date signed 1-8-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.