

7. S. No. 2  
OM-5-42  
Rev. 5-17-38

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12996**  
**3826**  
Registrar's No.

**FILED MAY 3 1943 318**

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:  
**St. Anthony Hospital,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 Days,**  
(Specify whether years, months or days)

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. **3750 Keokuk St.,** (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Amanda A. Winter**

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 **Married,**

6. (b) Name of husband or wife **Philip E. Winter,** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **December 8,** **1875,**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>67</b>	<b>4</b>	<b>15</b>	.....hr. ....min.

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

10. Usual occupation **Housewife,**

11. Industry or business

12. Name **Louis Stoessel,**  
13. Birthplace **Paris,** **France,** **5**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Helen Meier,**  
15. Birthplace **Paris,** **France,** **5**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Phil E. Winter,**  
(b) Address **3750 Keokuk St.,**

17. (a) **Burial,** (b) Date thereof **4/26/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **SS. Peter & Paul Cem**

18. (a) Signature of funeral director **Helen-Berg Mortuary**  
(b) Address **2842 Metamec St.,**

19. (a) **APR 25 1943** (b) **J. J. Budek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23**  
year **1943** hour **4:** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **March 1** 19 **43** to **April 23** 19 **43**  
that I last saw her alive on **April 22** 19 **43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Haemorrhage** **4-20-43**  
**arterio-sclerosis -**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: **none** **PHYSICIAN**  
Of operations.....

Of autopsy **none**  
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) **no**  
(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 **H. Schneider** (M. D. or other) **0** **WHA**  
Address **3318 S Grand** Date signed **4-24-43**

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

MOTHER FATHER

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Joe S. Benz*

Licensed Embalmer No. 4249  
2842 Keramec 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.**