

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

Rev. 5-13-39 I 19351

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Marys Infirmary 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 (Specify whether  
In this community 25 years years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Charles  
(c) City or town E St. Louis NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4307 Cuygod Ave (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Sabina Winingham  
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 26  
year 1943 hour 9 minute 10 M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death Circulatory Collapse Duration  
Chronic Myocarditis with  
underlying an operation cut  
Due to St. Marys Infirmary for  
Small Abdominal Tumor  
Due to May 26 1943 about  
9:06 AM

7. Birth date of deceased: June 1 1903  
(Month) (Day) (Year)

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
39 11 25 hr. \_\_\_\_\_ min.

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? \_\_\_\_\_

9. Birthplace: Meridian MISS  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife  
11. Industry or business OWN HOME  
12. Name James McCauckel  
13. Birthplace MISS  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
23. Signature Alfred Perry (M. D. or other)  
Address 4307 Cuygod Ave Date signed 5/27/43

16. (a) Informant's own signature Hertude Johnson  
(b) Address 4307 Cuygod Ave St. Louis  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-27-43  
(Month) (Day) (Year)  
(c) Place: burial or cremation St. George Cemetery  
18. (a) Signature of funeral director O. C. Crigger  
(b) Address 1518 Cuygod E. St. Louis  
19. (a) MAY 2 1943 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

*Acquaintance Cert. to be signed*

MAY 27 1943

**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, above space should be left blank.**