

FILED DEC 29 1943

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 11082

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 - Days
In this community _____ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5064 - Raymond Ave
(If rural, give location)
(e) Citizen of foreign country? Mo. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary-Bell Winstead

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

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William A. Winstead
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 27 - 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 12
If less than one day 1/16 hr. min.

9. Birthplace Gravis County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Crawford Cunningham

MOTHER FATHER { 12. Name Don't know
13. Birthplace Don't know (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant William B. Winstead.

(b) Address 5064 Raymond Avenue

17. (a) Burial 12/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem

18. (a) Signature of funeral director Geo I. Pleitsch

(b) Address 5966 - Easton Ave.

19. (a) DEC 14 1943 (Date received local registrar)
St. Louis, Mo. (City) (State)
J. J. Butler (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec-12 day _____
year 1943 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from 1941
to 12/12/43, 1943
that I last saw he alive on 12/12/43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chr-chole-cystitis
Chr-chole Lithiasis
Sec : Obstruction of Chole-
Due to cystic duct by three-gall
stones. acute hydrons-biliary
to extreme due to blockage,
Constant, chole-cystic colic.
Other conditions Surgical intervention
(Include pregnancy within 3 months of death)
removal of gall-bladder and

Duration 2
9-days

Major findings: stones followed by
drainage-myocardial failure
Of autopsy Persistant vomiting and
toxemia- Peritonitis.

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) Illness
(b) Date of occurrence As stated above.
(c) Where did injury occur? Stated above.
(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)
Signature B. J. Timmons (M. D. or other)
Address 3718 - Jennings Road. Date signed _____

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

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..... *Ben Hoffman,*
Licensed Embalmer No. *4766*
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.