

FILED APR 26 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3502**

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County. **St. Louis**
(c) City or town. **Glendale**
(If outside city or town limits, write "RURAL")
(d) Street No. **# 115 Elm St.**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Albert E. Winsor.**

3. (b) If veteran, name war **unknown** 3. (c) Social Security No. **unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Alice B. Winsor.** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. **Nov. 26th**
(Month) (Day) (Year)

8. AGE	Years	Months	Days	If less than one day
alt	74	-	-	hr. min.

9. Birthplace. **Cardiff, Wales. Gc**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Fiscal Agent.**

11. Industry or business. **United Charities**

MOTHER FATHER { 12. Name **Winsor.**
13. Birthplace.....
14. Maiden name.....
15. Birthplace.....

16. (a) Informant **Fred E. Winsor.**

(b) Address **115 Elm, Glendale, Mo.**

17. (a) **Burial** (b) Date thereof **4/18/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **C.R. Lupton & Sons**

(b) Address **7233 Delmar Blvd**

19. (a) **APR 17 1944** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15th**
year **1944** hour **10:45** minute **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 **Fracture of skull, left side**
Apparently when he walked into
side of an automobile being driven
by one of the officers in front
of 613 Forest at about 4:00 PM.
April 14 1944

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) **Accident**
(b) Date of occurrence **April 14 1944**
(c) Where did injury occur? **at home**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? (Specify type of place) (Specify type of injury) **Auto**

23. Signature **W. F. Budeck** (M. D. or other)
Address **7233 Delmar Blvd** Date signed **4/16/44**

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

Barnford A. Miles

Licensed Embalmer No.

2901

P. O. Address

University City - 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.