

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3240**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to 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

3. (a) PRINT FULL NAME Lorena E. Winterberg

3. (b) If veteran, name war None 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 Edward W. Winterberg 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Sept. 4th 1895
(Month) (Day) (Year)

8. AGE: Years 48 Months 7 Days 2 If less than one day hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Charles Frierhaus
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Fredericka Longwish
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Winterberg
(b) Address 4327 Oleatha Ave.

17. (a) Burial (b) Date thereof 4-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 7 1944 (Date received local registration) J. F. Braden (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 15
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4327 Oleatha Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1944 hour 11:20 minute A.M. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide Duration _____
poisoning when deceased was
found in the basement of her
home with the heat
turned on 4-6-44
about 11 am.

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations 162-0

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 4-6-44
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)

23. Signature Alfred Perry (M. D. or other) _____
Address Republican Date signed 4/7/44

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

2
-43
7-39
K35697

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

Richard W. Howard

Licensed Embalmer No. *4007*

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.