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FILED JUN 23 1944

Primary Registration District No. 3063

Registrar's No. 1310

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 39 days
Specify whether

In this community eighteen years
years, months or days

3. (a) PRINT FULL NAME Winkler, Frank

3. (b) If veteran, name war. No. No.

3. (c) Social Security No. No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m.

6. (b) Name of husband or wife Mary Winkler 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Apr 29 1887
(Month) (Day) (Year)

8. AGE: Years 5-6 57 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation Plumber

11. Industry or business

12. Name Frank Winkler 4

13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

14. Maiden name Mary Unknown

15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant self

(b) Address 8700 Shirley Cursonville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home While at work? (Specify type of place)

(b) Address 4828 Natural Bridge Blvd. (c) Means of injury

19. (a) JUN 19 1944 (Data received local registrar) (b) E. J. Mc Gowan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96

(c) City or town Cursonville 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. 8700 Shirley
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1944 hour 10 40 minute Am M.

21. I hereby certify that I attended the deceased from 5
73 1944, to June 15 1944
that I last saw him alive on 6-5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death malignant nephrosclerosis ?
Duration

Due to

Due to

Other conditions General arteriosclerosis ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1310

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)

(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?

(Specify type of place) (e) Means of injury

23. Signature John A. Wilson (M. D. or other) M.D.

Address St. Louis County Hospital Date signed 6-15-44

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.....

..... of Registered Apprentice No.....
working under my personal supervision.

Signed *John A. Mlinar*

Licensed Embalmer No. *4186*

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.