

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 32977  
Registrar's No. 9034

FILED NOV 1 1948

Registration District No. ....

Primary Registration District No. ....

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

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:  
7911 S. Broadway  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Life  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Theodore Martin Winterhoff  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Ida Winterhoff  
 6. (c) Age of husband or wife if alive 68 years  
 7. Birth date of deceased December 28 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 25  
 If less than one day      hr.      min.

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

10. Usual occupation Maintenance Man  
 11. Industry or business City of St. Louis, Mo.

MOTHER FATHER

12. Name Andrew Winterhoff  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Gertrude Tennessee  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Theo. M. Winterhoff

(b) Address 7911 S. Broadway  
 17. (a) Burial (b) Date thereof October 26, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Missouri Crematory  
 (c) Place: burial or cremation

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.  
 (b) Address 7814 S. Broadway

19. (a) OCT 24 1948 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 7911 S. Broadway  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country     

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23  
 year 1944 hour 9 minute 4 M.  
 21. I hereby certify that I attended the deceased from       
 1944, to Oct. 23, 1944  
 that I last saw him alive on Oct. 23, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy - cerebral hemorrhage  
 Duration     

Due to       
 Due to     

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)       
 (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?     

While at work?      (Specify type of place) (e) Means of injury       
 23. Signature [Signature] (M. D. or other)       
 Address      Date signed 10/23/48

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 Louis C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

**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.**