

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution: ---
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether
In this community entire lifetime years, months or days)

3. (a) PRINT FULL NAME LOUISA WINHEIM

3. (b) If veteran, name war No

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 Winheim

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August 29 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 63 7 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own home

MOTHER FATHER

12. Name John Gebhardt

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

14. Maiden name Becker

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

16. (a) Informant William Winheim

(b) Address R. 11, Box 252, Lemay, Mo.

17. (a) Burial (b) Date thereof Dec. 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Mausoleum

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) DEC 11 1944 (b) E. J. Mahuran M.D.
(Date received and registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. Yeager road (R. R. #11)
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
year 1944 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to Dec 6 1944
that I last saw him alive on ---, 19---;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency 1 year

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)

Means of injury ---

23. Signature A. W. Peters (M. D. or other)
Address 4145a S. Grand Date signed ---

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

6000

Dr. Peters
4145-a S. Grand

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 Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 782 Fernway

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.