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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11963

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3560

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3400 S Grand Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Year (Specify whether years, months or days)
In this community 40 Years In St Louis

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 3400 S Grand Ave. 16
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN WINKLER Sr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Margaret Winkler

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

7. Birth date of deceased Aug 20th 1866 (Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 0 If less than one day hr. min.

9. Birthplace HUNGARY (City, town, or county) 4 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Joseph Winkler
13. Birthplace Hungary (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Hungary (City, town, or county) 11 (State or foreign country)

16. (a) Informant John Winkler

(b) Address 1935 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23/45 (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Thos Kutis & Son

(b) Address 2906 Gravois Ave.

19. (a) APR 22 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1945 hour 4 00 A.M. minute M.

21. I hereby certify that I attended the deceased from Jan 10, 1945 to April 20, 1945 that I last saw him alive on April 10, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	2 yrs.
Due to: arterio-sclerosis	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): none	
Major findings: Of operations: none	
Of autopsy: none	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) [illegible]

Address 3318 S [illegible] Date signed 4-20-45

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Grants

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.