

#40786

FILED APR 27 1945

State File No.

Registration District No.

Primary Registration District No. 1002

Registrar's No.

3252

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(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: St. Louis City Hospital #1. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 066  
(c) City or town St. Louis, Mo. 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2208 Shenandoah Ave. 23  
(If rural, give location)  
(e) Citizen of foreign country? No 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Loretta Winom

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Oscar Winom  
6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased Unknown about 52  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 52 Unknown hr. min.

9. Birthplace St. Louis, Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Harder  
13. Birthplace New York 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Arelea  
15. Birthplace New York 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Winom

(b) Address 2208 Shenandoah Ave.

17. (a) Burial (b) Date thereof 4/12/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Wm. E. Moydell  
(b) Address 1926 Allen Ave.

19. (a) APR 12 1945 J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th  
year 1945 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from 3/8/45  
19 to 4/11/45 19  
that I last saw her alive on 4/11/45 19  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Pyelonephritis  
non-calculous

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

Duration

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) (c) Means of injury

23. Signature Wm. E. Moydell  
Address 1515 Lafayette 4/21/45  
(M. D. or other) Date signed

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

MOTHER FATHER

66  
17  
9

**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 me

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

Signed W. E. Maydell

Licensed Embalmer No. 1467

P. O. Address 1926 allen av

**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.**