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ev. 5-17-39
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26289

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 24 1945
318

Registration District No. Primary Registration District No. **1003** Registrar's No. **2016**

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:
Little Flower Retreat - 2500 S. 18th St. 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060
 (c) City or town St. Louis 1723
(If outside city or town limits, write "RURAL")
 (d) Street No. 2500 S. 18th St. 9
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Alice Winchester
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... Oct 8 - 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>10</u>	<u>0</u>	hr. min.

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

10. Usual occupation..... Nil

MOTHER FATHER

11. Industry or business.....
 12. Name..... Edw. Winchester
 13. Birthplace..... New Orleans La.
(City, town, or county) (State or foreign country)
 14. Maiden name..... Ann Kirby
 15. Birthplace..... Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant..... Carmelite Gribambault
 (b) Address..... Denver, Colo.

17. (a) Burial (b) Date thereof..... 8/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Calvary

18. (a) Signature of funeral director..... Edith E. Ambruster
 (b) Address..... 4234 Manchester

19. (a) AGG 10 1945 (b) J. F. Bredeck
(Received legal registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
 year 1945 hour 1:55 A.M. minute..... M.

21. I hereby certify that I attended the deceased from About
January 1942 to August 1945
 that I last saw h..... live on Aug. 7 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Hypertension -
renal disease and
Arterio-sclerosis

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations..... 93
 Of autopsy.....

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..... Paul B. Webb (M. D. or other)
 Address..... 1915 1/2 S. Broadway Date signed..... 8/9/45

Duration.....
 PHYSICIAN.....
 Underline the cause to which death should be charged statistically.

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

P.A. 73

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 Eynck

Licensed Embalmer No. *1284*

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.