V. S. No. 2
00M—2-43
ev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27332

State File No.

Registration District No. 110 Primary Registration District No. 5425 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural- Boeuf Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Altheide Residence
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

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

(d) Street No. 4 Miles S. of New Haven, Mo.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN ERNEST WINISTOERFER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, ~~[illegible]~~ single

6. (b) Name of husband or wife -0-

6. (c) Age of husband or wife if alive -0- years

7. Birth date of deceased July (Month) 25 (Day) 1881 (Year)

8. AGE: Years 64 Months -0- Days 8 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Joseph Winistoerfer
13. Birthplace Unknown (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Fredericka Scharmann
15. Birthplace Marthesville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Wm. Berlemann

(b) Address Berger, Mo. RFD #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/45 (Month) (Day) (Year)

(c) Place: burial or cremation Etlah, Mo.

18. (a) Signature of funeral director Herman Blomer

(b) Address Berger Mo

19. (a) 8-4 45 (Date received local registrar) (b) Clara England (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd year 1945 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 25, 1945, to Aug. 3, 1945 that I last saw him alive on Aug. 1, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	5 min.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Chronic myocarditis	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G W Held (M. D. or other) D.O.

Address New Haven, Mo Date signed 8-4-45

268 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 9-6-45

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 Herman Blinner

Licensed Embalmer No. 528

P. O. Address Berger, 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.