V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38664

FILED NOV 21 1945

Registration District No. 3066 Primary Registration District No. 3066 Registrar's No. 2631

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 616 Edna Ave. /
(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 St Louis 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 616 Edna 3
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Jacob Wingerter

3. (b) If veteran, name war No

3. (c) Social Security No. 493-05-1762

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Hattie

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased November (Month) 4 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	0	13	hr. min.

9. Birthplace Boonville (City, town, or county) Indiana / (State or foreign country)

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name George Wingerter
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Christina Wehr
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Hattie Wingerter
(b) Address 616 Edna Ave. Kirkwood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wacker Helderle
(b) Address 3634 Gravois Ave.

19. (a) 11-20-45 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature) 2 sa

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 year 1945 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from 10/22, 1945, to 11/17/45, 19..; that I last saw him alive on 11/16/45, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	10 days
Pulmonary Embolism	1 week
Due to Arteriosclerotic Heart Disease	1 yr
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
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:

(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 C. C. Drace, Jr. (M. D. or other)

Address 19 E. Lockwood Date signed 11/17/45

(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 Robert C Wheeler

Licensed Embalmer No. 2128

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.