

No. 2
5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
FILED FEB 19 1946 1003

State File No. 8093
Registrar's No. 1232

Registration District No. Primary Registration District No. Registrar's No. 1232

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Missouri Baptist Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 5232 Vernon Ave.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME William H. Wingfield.
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine M. Wingfield 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Jan. 22 1868

8. AGE: Years 78 Months -0- Days 10 If less than one day

9. Birthplace Marshall, Missouri

10. Usual occupation Retired -- Buyer

11. Industry or business Famous - Barr Co.

12. Name Christopher C. Wingfield.
13. Birthplace Albamarle Co. Virginia

14. Maiden name Racheal Lockney.
15. Birthplace Frankfort, Kentucky

16. (a) Informant Catherine W. Wingfield.
(b) Address 5232 Vernon Ave.

17. (a) Burial (b) Date thereof 2 4-46
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) FEB 5 1946 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 2
year 1946 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from 1-28 to 2-2, 1946
that I last saw him alive on 2-1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Chr nephritis
Other conditions 1/21
(Include pregnancy within 3 months of death)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Sanford Phillips
Address 1117 N. Union Date signed 2-2-46

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

ABC

1117 no. Union
RO-1600

JUL 21 1953

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.