

STANDARD CERTIFICATE OF DEATH

State File No. 8098
2009

Registration District No. 17

Primary Registration District No. 1003

Registrar's No. 2009

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G. Phillips, Hospital
(d) Length of stay: In hospital or institution 30 minutes
In this community Unknown years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 1331 Webster
(e) Citizen of foreign country? No
If yes, name country None

3. (a) PRINT FULL NAME John Winters

3. (b) If veteran, name war None
3. (c) Social Security No. 490-01-2411

4. Sex Male 2
5. Color or race Colored
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Feb. 12, 1895

8. AGE: Years 51 Months 0 Days 12
If less than one day hr. min.

9. Birthplace Water Valley, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business General Refractories

12. Name Dennis Winters

13. Birthplace Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Rona Meyers

15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Spencer

(b) Address 1331 Webster St

17. (a) Burial (b) Date thereof Mar. 2, 1946

(c) Place: burial or cremation Washington Park, Cem.

18. (a) Signature of funeral director C. T. Nash

(b) Address 3847 Page Blvd

19. (a) FEB 28 1946 (b) J. F. Bredeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24, year 1946 hour 11 minute 238 P.M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death
Due to
Due to
Other conditions
Major findings:
Of operations
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of Registrar
Address
Date

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

C. L. Nash

Licensed Embalmer No.....

3432

P. O. Address.....

3847 Page Blvd

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.