S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11826

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2250

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

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

(d) Street No. 210 E. College St. RR
(If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME Dorothy Virginia Wininger

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Clinton Wininger

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased February (Month) 2 (Day) 1906 (Year)

8. AGE: Years 40 Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Austin P. Goodin
13. Birthplace Primrose (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Pearl Highley
15. Birthplace Farmington (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Clinton Wininger
(b) Address Fredericktown, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-46 (Month) (Day) (Year)

(c) Place: burial or cremation Flat River, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAR 7 1946 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MAR 7 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1946 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 7 1943, to Mar. 6 1946; that I last saw her alive on Mar. 6 1946; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Valvular Heart Disease, Rheumatic (Mitral Stenosis) — 28 yrs.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Marked button-hole stenosis. Passive Congestion of all organs. Thrombi in pul. arteries

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 Hiram L. Tuggitt (M. D. or other) MD

Address 3720 Washington Date signed 3/7/46

(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 John Agonoski

Licensed Embalmer No. 3398

P. O. Address.....

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.