S. No. 2
M—2-43
5-17-39
P I X35697

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

#54544

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1946

State File No. 11828

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2139

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town ST. LOUIS 1726
(If outside city or town limits, write "RURAL")
(d) Street No. 3108 N 20TH ST.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sidonia Mary Winther

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CARL I. WINTHER

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased JULY (Month) 27 (Day) 1874 (Year)

8. AGE: Years 71 Months 7 Days 6 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name HENRY SCHUETTE
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SOPHIA VORTIMAN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant CARL I. WINTHER
(b) Address 3108 N 20TH ST

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof MAR. 6, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation VAHALLA ~~CEM~~ Crematory

18. (a) Signature of funeral director CALVIN F. FEUTZ F.H.
(b) Address 4828 NATURAL BRIDGE

19. (a) MAR 1 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1946 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from 2/25/46, 19__, to 3/3/46, 19__; that I last saw h. in alive on 3/3/46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Uterus with metastases

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Herbert C. Fritz (M. D. or other)
Address 1515 Lafayette Date signed 3/4/46

(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 Ralph Linders

Licensed Embalmer No. 4275

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.