

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 15338  
Registrar's No. 3331

**FILED** APR 18 1946  
Registration District No. 318

Primary Registration District No. \_\_\_\_\_

14238  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Louis Children's Hosp.  
(d) Length of stay: In hospital or institution 1 month  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME ROBERT WINKA  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 21, 1936  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
9 10 19 hr. min.

9. Birthplace Clay Co. Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation student

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Theodore Winka

13. Birthplace Washington Co. Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Rosalinski

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

16. (a) Informant Leo Winka

(b) Address Harter Twsp., Clay Co. Ill

17. (a) Burial (b) Date thereof April 13, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clay Co. Ill

18. (a) Signature of funeral director Chas M. Buehler  
(b) Address East St. Louis, Ill.

19. (a) APR 11 1946 (b) J. T. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County Clay 999  
(c) City or town Harter Twsp  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10  
year 1946 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 2-9, 1946 to 4-10, 1946  
that I last saw him alive on 4-10, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Multiple intra-cranial tumors of undetermined etiology  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury ⊙

23. Signature K. J. Blottner (M. D. or other) \_\_\_\_\_  
Address 500 N. Kings Date signed \_\_\_\_\_

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**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..... *Chas M. Burke*

Licensed Embalmer No..... 2421

P. O. Address..... East St. Louis, Ill.

**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.**