

FILED JUN 13 1946
318

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County **St Louis**
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Alx Boos Hos.**
(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)

3. (a) PRINT FULL NAME **EDWARD WINTERS**

3. (b) If veteran, name war 3. (c) Social Security No.

Male 0 5. White 6. (a) Single, widowed, married, divorced **Single 0**

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

7. Birth date of deceased **Sept 6 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 8 23 hr. min.

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

10. Usual occupation **Night Watchman**

11. Industry or business **Titaman Pigment corp.**

12. Name **John Winters**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Charles Winters**
(b) Address **LeMay Mo.**

17. (a) (Burial, cremation, or removal) (b) Date thereof **5/31 /46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cem.**

18. (a) Signature of funeral director **FENDLER UNDERTAKING**
(b) Address **7420 Michigan Ave**
JUN 1 1946
(Date received local registrar) (b) **J. F. Bredek** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St Louis**
(c) City or town **Le May**
(If outside city or town limits, write "RURAL")
(d) Street No. **Forder Rd.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29** year **1946** hour **12** minute **47 P.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: **Fracture of skull**
Dislocation of brain when he
walked into the side of a
building being driven by a
truck. Several feet of
brick wall fell on him
8:00 PM Monday March
29 1946

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Unavoidable**

(b) Date of occurrence **May 29 1946**

(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?
Public Street
(Specify type of place) (e) Means of injury **truck**

23. Signature **W. H. Perry** (M. D. or other)
Address **St. Louis, Mo.** Date signed **5/30/46**

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

4896

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.....

Olive E. Ford

Licensed Embalmer No. 4148

P. O. Address Le May 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.