

FILED AUG 28 1946
Registration District No. 219

Primary Registration District No. 4469

State File No.

Registrar's No. 55

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
(b) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community LIFE
years, months or days)

3. (a) PRINT FULL NAME

CHARLES WINSTON

3. (b) If veteran, name war _____

3. (c) Social Security No. 492-10-8959

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife PHILOMENA SIEBERT

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

7. Birth date of deceased JUNE 28 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>1</u>	<u>24</u>	hr. _____ min.

9. Birthplace STE. GENEVIEVE MO
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business LIME MANUFACTORY

12. Name FELIX WINSTON

13. Birthplace STE. GENEVIEVE MO
(City, town, or county) (State or foreign country)

14. Maiden name JOSEPHINE LA ROSE

15. Birthplace STE. GENEVIEVE MO
(City, town, or county) (State or foreign country)

16. (a) Informant Felix Winston

(b) Address 24. Seneca Mo

17. (a) BURIAL (b) Date thereof 8-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STE. GENEVIEVE MO

18. (a) Signature of funeral director Geo C. Basher

(b) Address 24 Seneca Mo

19. (a) 8-26-46 (b) Regina M. Karl
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE
(c) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22
year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 10
46 1946 to Aug 22 1946
that I last saw him alive on Aug 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 9 mo

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 46

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? _____ (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 Arthur S. [unclear] (M. D. or other) M.D.
Address 566 Gen [unclear] Date signed 8-23-46

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

MOTHER FATHER

JUN 11 1987

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 Leslie Baker

Licensed Embalmer No. 1985

P. O. Address St. Dennis 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.