

S. No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 4 1947**

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

**18525**

State File No. \_\_\_\_\_  
Registrar's No. 186

Registration District No. 316 Primary Registration District No. 3061

**1. PLACE OF DEATH:**  
(a) County St. Francois  
(b) City or town Flat River, Mo.  
(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  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County St. Francois 94  
(c) City or town Flat River, Mo. 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 303 Chest St. Flat River, Mo. 2  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mrs. Mary Sophia Winkler  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month May day 18  
year 47 hour 1 minute A M.  
**21. I hereby certify that I attended the deceased from** Jan  
1946 to May 18 1947  
that I last saw her alive on May 18 1947  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Mr. Wesley Winkler  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 9 1869  
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion Duration \_\_\_\_\_  
Due to arterio sclerosis  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

**8. AGE:** Years 77 Months 00 Days 9  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Ballwin, Mo. (City, town, or county) (State or foreign country) MO

**10. Usual occupation** Housewife

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

**12. Name** Mr. Friedrich Stoppigen  
**13. Birthplace** Hannover Germany (City, town, or county) (State or foreign country) 4

**14. Maiden name** Hannah Dehake  
**15. Birthplace** Hannover Germany (City, town, or county) (State or foreign country) 4

**16. (a) Informant** Mrs. Wesley Deuke (Step daughter)  
(b) Address 305 High St.

**17. (a) Burial** (b) Date thereof April 20 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Londonville, Mo.

**18. (a) Signature of funeral director** Alvin W. Hoop  
(b) Address 303 Chest St Flat River, Mo.

**19. (a) 5-28-47** (b) Esther Rudolph  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_  
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** C. H. Appleberry (M. D. or other) MD  
Address Flat River MO Date signed 5.19.47

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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

AUG 27 1947

RECEIVED

District Head Officer No. 4  
District File Number 647-766  
Date Filed 6-2-47

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 Alvin W. Hood  
Licensed Embalmer No. 2780  
P. O. Address 303 Crane St. Flat River, 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.