. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43620

FILED DEC 31 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11610

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Marian Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3004 Salena St. 9
(If rural, give location)

(e) Citizen of foreign country? 24 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William F. Winter

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Kate Winter

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June 22 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Nameoki Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman!

11. Industry or business

FATHER
12. Name Fritz Winter
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margart Unk. 1
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Roland Winter 1
(b) Address 3927 Nebraska Av.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. John Granite City.

18. (a) Signature of funeral director Witt Bro. L. Nl.
(b) Address 2929 S. Jefferson Av.

19. DEC 21 1947 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1947 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from June 1 1947 to Dec 19 1947 that I last saw him alive on Dec 19 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 days

Due to Chr Bronchitis

Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) MD

Address 2782 [illegible] Date signed 12/20/47

Jefferson City Printing Co.

(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 Davis Registered Apprentice No. ....., working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address .....

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.