No. 300
1—10-47
5-17-39
3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7206

FILED FEB 20 1948

Registration District No. 318

Primary Registration District No.

Registrar's No. 1217

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3002a MINNESOTA
(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 MISSOURI (b) County 000

(c) City or town ST. LOUIS MO. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3002a MINNESOTA 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ARTHUR J. WINKLER, JR.

3. (b) If veteran, name war

3. (c) Social Security No.

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 SEPT. (Month) 26 (Day) 1947 (Year)

8. AGE: Years — Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name ARTHUR WINKLER SR
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LUCILLE SCHUMACHER
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant ARTHUR WINKLER SR
(b) Address 3002a MINNESOTA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 6, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation RESURRECTION CEM.

18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS

19. (a) FEB 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 4
year 1948 hour 11 minute 10 A M.

21. I hereby certify that I attended the deceased from Sept 26, 1947, to Feb 4, 1948
that I last saw him alive on Feb 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Primary

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature John W. Doake (M. D. or other) M.D.

Address 3318 S. Grand Date signed 2-4-48

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis 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.