

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1948

Registration District No. **310** Primary Registration District No. **71001**

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: Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Month  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth F. Winkler  
3. (b) If veteran, name war. ---- 3. (c) Social Security No. ----

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anthony 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased Jan. 2 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 2 1 hr. min.

9. Birthplace Edmonson Co. Kentucky  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

11. Industry or business  
12. Name John W. Ross  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Cynthia Skaggs  
15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Anthony Winkler  
(b) Address 3924a Iowa Ave.  
17. (a) Burial (b) Date thereof 3/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus  
18. (a) Signature of funeral director Wacker - Helberle  
(b) Address 3634 Gravois Ave.  
19. (a) MAR 5 1948 J. F. Brodeur  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 0  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3924a Iowa Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 24 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3  
year 1948 hour 5 minute 30 A. M.  
21. I hereby certify that I attended the deceased from Feb - 19 1947 to 3 - 3 1948  
that I last saw her alive on March - 18 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism.  
Due to metastatic carcinoma.  
(Extensive along para-vertebral glands)  
Due to  
Other conditions h  
(Include pregnancy within 3 months of death)

Duration  
PHYSICIAN

Major findings:  
Of operations  
Of autopsy Carcinoma - originating in pelvis.

Underline the cause to 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?

While at work? (Specify type of place) (c) Means of injury  
23. Signature Elizabeth Winkler (M. D. or other) md  
Address 1504 So Grand Date signed 3/3/48

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

MOTHER, FATHER

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**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 Robert Wheeler

Licensed Embalmer No. 2128

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.**