S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 23 1948

Registration District No. 918

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10842

Registrar's No. 2564

60
17
9

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

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: 4636 Louisiana
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 4636 Louisiana 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 15 0
If yes, name country: –

3. (a) PRINT FULL NAME: FREDERICK C. WINTERBERG
3. (b) If veteran, name war: –
3. (c) Social Security No.: –

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Mary nee Schaper
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: August (Month) 25 (Day) 1870 (Year)

8. AGE: Years 77 Months 6 Days 17 If less than one day hr. min.

9. Birthplace: Cairo (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation: Paperhanger
11. Industry or business: Interior Decorating

MOTHER FATHER
12. Name: Fred Winterberg
13. Birthplace: – (City, town, or county) Germany (State or foreign country) 4
14. Maiden name: Augusta Wehman
15. Birthplace: – (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant: Mrs. Mary Winterberg
(b) Address: 4636 Louisiana
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Marcus Cemetery
18. (a) Signature of funeral director: Beiderwieden F.H., Inc.
(b) Address: 1936 St. Louis Ave.
19. (a) MAR 15 1948 (Date received local registrar) (b) J. F. Brecheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1948 hour 11 minute 35 P. M.
21. I hereby certify that I attended the deceased from Feb 10, 1948 to Mar 12, 1948 that I last saw him alive on Mar. 11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	1 hour
Due to: arteriosclerosis	1 year
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Melvin A. Wilucks (M. D. or other) MD
Address: 8301 Gravois Date signed: 3-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr Melvin Hilsche
5402 Gravois

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 Neal C Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis Ave

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.