S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

14799

State File No. 3824

FILED APR 30 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days (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") 9

(d) Street No. 5638 Etzel Ave. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HELEN L. WINKLER

3. (b) If veteran, name war None

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 Louis H.

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March (Month) 10 (Day) 1895 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	1	10	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Stenographer

11. Industry or business U. S. Army Center

FATHER
12. Name John W. Kayser
13. Birthplace Fulton (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Ann McNamara
15. Birthplace (City, town, or county) Mich. (State or foreign country)

16. (a) Informant Louis H. Winkler
(b) Address 5638 Etzel Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Nat'l. Cem. Jeff. Bks.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) APR 22 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1948 hour 11:50 minute A. M.

21. I hereby certify that I attended the deceased from April-2 1948 to April-20 1948
that I last saw her alive on 4-20- 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paresis of Bowel	10 days
Due to Hysterectomy operation	4/3/48
Due to Uterine Fibroids Carcinoma of Uterus	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Uterine Fibroids Adeno Carcinoma Uterus
Of autopsy Paresis of Colon

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 Carland Shutt (M. D. or other) MD

Address 220-N-4th Date signed 4/22/48

St Louis Mo

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

220 N 4th

1:30 to 4

CH. 1365

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.