

Registration District No. 318 Primary Registration District 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: Barnes Hospital  
(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)

3. (a) PRINT FULL NAME Harry Raymond Winkel

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 4956 U-9004

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: June 1st, 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 0 17 hr. min.

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

10. Usual occupation: None

11. Industry or business \_\_\_\_\_

12. Name: Unknown 9

13. Birthplace: Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant: Fred Nieman

(b) Address: 5812 Kennerly Ave.

17. (a) Burial (b) Date thereof: 6/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cem.

18. (a) Signature of funeral director: Sullivan Funeral Dir.

(b) Address: 2849 North Euclid Ave.

19. (a) JUN 21 1948 (b) J. F. Breder  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: KCO  
(c) City or town: St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 3755a Cote Brillante 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1948 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 29, 1948, 19\_\_\_\_, to June 18, 1948, 19\_\_\_\_;  
that I last saw him alive on June 18, 1948, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis, pulmonary far advanced 13 hr  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy: As above

PHYSICIAN

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)  
(e) Means of injury: \_\_\_\_\_

23. Signature: JR Bradley (M. D. or other)

Address: Barnes Hospital Date signed: 6/18/48

**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.....

*Henry M. Brammer*

Licensed Embalmer No.....

*4200*

P. O. Address.....

*St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**