FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27271

Registration District No. 275 — Primary Registration District No. 3053 — Registrar's No. 65

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

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarland Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8200 Manchester
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAX WINKELMAN

3. (b) If veteran, name war WW I

3. (c) Social Security No. 497-05-2025

4. Sex Male

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Div.

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 17 (Day) 1892 (Year)

8. AGE: Years 56 Months 3 Days 25 If less than one day hr. min.

9. Birthplace New York, N. Y. (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Liquor Store Owner

FATHER
12. Name Moses Winkelman
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Rosy
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant From credentials
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Null & Sons F.H.
(b) Address Rolla, Mo.

19. (a) 8-12-48 (Date received local registrar) (b) Nadine L. Stoll (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12
year 1948 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from June 14, 1948 to August 12, 1948
that I last saw him alive on 8-12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

131A

Major findings:
Of operations

Of autopsy

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

23. Signature Aldwy McFarland (M. D. or other)
Address Rolla, Mo. Date signed 8-12-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Phelps County Health Officer,
County File Number
Date Filed 8/17/48

NOV 4 1948

AUG 23 1948

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla

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.