

No. 300  
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5-17-39  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34859  
8675

FILED NOV 12 1948  
318

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
St. Anthony's 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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6246 Itaska St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DR. ALOIS A. WINTERER  
3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 4  
year 1948 hour 3:50 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from July 14 to Oct 4, 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ellen E.  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death \_\_\_\_\_  
Obstruction of mouth (tumor) neck & base of skull more than 3 days  
Due to Lobular Pneumonia  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

7. Birth date of deceased Sep't. 19 1878  
(Month) (Day) (Year)

Major findings: One ear of mouth nec - x bones of skull  
Of operations \_\_\_\_\_  
Of autopsy Carcinoma mouth and skull bones - Lobular Pneumonia

8. AGE: Years 70 Months 0 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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? \_\_\_\_\_

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

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address Paul Brown Bldg Date signed Oct 4 1948

10. Usual occupation Proprietor  
11. Industry or business Alois A. Winterer Opt. Co.

12. Name Carl Winterer  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Fitcher  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. George A. Winterer  
(b) Address 6246 Itaska St.  
17. (a) Burial (b) Date thereof 10-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery  
18. (a) Signature of funeral director Kriegshauser Und. Co.  
(b) Address 4228 S. Kingshighway Bl.  
19. (a) OCT 5 1948 (b) J. B. Salsator  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

NOV 20 1949

JAN 5 1949

Paul Brown 1300g

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. Stovessand

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.