

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3644
117-114

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. In institution, residence before admission). a. STATE MO b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gardenville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gardenville	
c. LENGTH OF STAY (In this place) 20yrs		d. STREET ADDRESS 4613 Seibert	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4613 Seibert			

3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) _____ c. (Last) Winkelhoch			4. DATE OF DEATH (Month) (Day) (Year) 1 15 49		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Nov. 5, 1897	9. AGE (In years last birthday) 51	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pattern Maker		10b. KIND OF BUSINESS OR INDUSTRY Foundry		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Heinrich Winkelhoch		13b. MOTHER'S MAIDEN NAME Katherine Unknown		14. NAME OF HUSBAND OR WIFE Frances	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-03-8554		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Winkelhoch 4613 Seibert	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Kidney		DUPLICATE			6 mo	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. General Sarcinomatosis		DUPLICATE			3 mo	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 520						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Kidney			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **June 2 1948**, to **January 15, 1949**, that I last saw the deceased alive on **January 15, 1949**, and that death occurred at **4:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Julius Ches. Follen (1) M.D.		23b. ADDRESS 2603 Cherokee St.		23c. DATE SIGNED 1-17-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/18/49		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
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DATE REC'D BY LOCAL REG. 1-17-49		REGISTRAR'S SIGNATURE Shirley B. Jungmann		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.L. Ziegenhein & Sons 7027 Gravois	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Francis J. Owens

Licensed Embalmer No. 2245

P. O. Address St. Louis, Mo

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.