

FILED FEB 26 1949  
#92826

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6841  
Registrar's No. 1437

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 6841		Registrar's No. 1437					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.)				c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 17/9							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 1500a Pine Street., 0									
3. NAME OF DECEASED (Type or Print)			a. (First) CLARENCE		b. (Middle) WINSTEAD		c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Feb. 12th, 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 8, 1865		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - O.A.A.				10b. KIND OF BUSINESS OR INDUSTRY Nil		11. BIRTHPLACE (State or foreign country) Tennessee			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Harrison Winstead				13b. MOTHER'S MAIDEN NAME Ann Oliver				14. NAME OF HUSBAND, OR WIFE Unavailable					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME ADDRESS None Felix Runion, Houston, Texas							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  2. OTHER SIGNIFICANT CONDITIONS										INTERVAL BETWEEN ONSET AND DEATH 4 hrs	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from 12/28/49, 19 to 2/12/49, 19, that I last saw the deceased alive on 2/12/49, 19, and that death occurred at 11:25 PM from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) William W. Carter M.D.						23b. ADDRESS 1515 Lafayette Ave.,			23c. DATE SIGNED 2/14/49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/14/49		24c. NAME OF CEMETERY OR CREMATORY _____				24d. LOCATION (City, town, or county) (State) Houston, Texas					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 14 1949 J. B. Lavater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe - 4700 Washington Blvd									

(Licensed Embalmer's Statement on Reverse Side)

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

**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.

Signed Robert M Murray

Signed.....  
Student Embalmer

Licensed Embalmer No. 3749

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.**