

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18224

State File No. _____ Registrar's No. 903

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>903</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Louis</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>		d. STREET ADDRESS (If rural, give location) <u>9917 South Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9917 South Broadway</u>				d. STREET ADDRESS (If rural, give location) <u>9917 South Broadway</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Ronald</u>		b. (Middle) _____		c. (Last) <u>Winters</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>August 18, 1941</u>		9. AGE (In years last birthday) <u>7</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Boy</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Frank Winters</u>		13b. MOTHER'S MAIDEN NAME <u>Olive Barrett</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Winters</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fulminating Septicemia</u>				_____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) <u>acute interstitial pneumonia</u>	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>(Beta streptococcus isolated from blood)</u>	
		II. OTHER SIGNIFICANT CONDITIONS				493 x 10903	
		Conditions contributing to the death but not related to the disease or condition causing death.					
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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> Died without medical attendance.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Theo. Lininger</u> (Degree or title) _____				23b. ADDRESS <u>MD St. Louis County Health Dept</u>		23c. DATE SIGNED <u>4/14/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 16, '49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-13-49</u>		REGISTRAR'S SIGNATURE <u>Thos. V. Lininger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Hoffmeister</u>		ADDRESS <u>U&L Co. 7814 S. Bdwy City</u>	

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.

Signed Louis C. Hoffmeister.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3871.....

P. O. Address 7814 S Broadway.....

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.