

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32430**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3866</u>		Registrar's No. <u>5020</u>	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. LENGTH OF STAY (In this place) 83 years		c. CITY (If outside corporate limits, write RURAL and give township) Kirkwood			
d. FULL NAME OF HOSPITAL OR INSTITUTION 810 N. Taylor Ave.				d. STREET ADDRESS (If rural, give location) 810 N. Taylor Ave.			
3. NAME OF DECEASED a. (First) WILHELM		b. (Middle)		c. (Last) WINTER		4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 10, 1865		9. AGE (In years) (If under 1 year: Months) (If under 12 hrs: Hours) (Min.) 83 9 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Florist		11. BIRTHPLACE (State or foreign country) Kirkwood, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Winter		13b. MOTHER'S MAIDEN NAME Martha Neuroth		14. NAME OF HUSBAND OR WIFE Annie Winter, Kirkwood			
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Annie Winter, Kirkwood Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic Ca of Lungs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Prostate DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 mo 2 years 177X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Cancer of Prostate				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) 177X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 1947 , to Sept. 22, 1949 , that I last saw the deceased alive on Sept. 22, 1949 , and that death occurred at 1:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank G. Zingales, M.D.				23b. ADDRESS 16 Hampston Village		23c. DATE SIGNED 9-23-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/26/49		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.	
DATE REC'D BY LOCAL REG. 9-23-49		REGISTRAR'S SIGNATURE William H. Bopp, Jr.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc., Kirkwood, Mo.			

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

16 Hampton Village, Piquette

46
3
New - 0156

HW-67

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

Peter B. Dubrouillet

Licensed Embalmer No. *3691*

P. O. Address *Richard Heights, 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.