

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3504
00036

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>2119</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>PINE LAWN</u>		c. LENGTH OF STAY (in this place) <u>minutes</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3734 JENNINGS Rd.</u>				D. STREET ADDRESS (If rural, give location) <u>3820 St. Louis Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u>		b. (Middle) <u>R.</u>		c. (Last) <u>WINTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 5 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Sept. 28, 1900</u>	
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NURSE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NURSING</u>		11. BIRTHPLACE (State or foreign country) <u>Florissant, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN DAAKE</u>		13b. MOTHER'S MAIDEN NAME <u>PHILIMINA</u>		14. NAME OF HUSBAND OR WIFE <u>STEPHEN J. WINTER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>STEPHEN WINTER 3820 St. Louis Ave.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina - pectoris</u> ANTECEDENT CAUSES <u>Coronary - sclerosis with block</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Several - severe - seizures.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sick (2) months - pain - smothering in</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 20 1</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>chest down both arms.</u>				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) m.		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 _____, 19 <u>47</u> , to <u>1-5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-5</u> , 19 <u>50</u> , and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert K. Slonick</u>				23b. ADDRESS <u>3734 Jennings Rd</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/9/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>FLORISSANT, MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-5-50</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Slonick</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mark Thronow 6100 W. Flourens St.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

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 Mark Tiemon

Licensed Embalmer No. 4174

P. O. Address 6100 W. Florissa

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.