

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35828

State File No. ....

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 817 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2589

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u> <u>2159</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lemay Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>5501 Louisiana Ave.</u>	
3. NAME OF DECEASED a. (First) <u>HELEN</u> (Type or Print) b. (Middle) _____ c. (Last) <u>WINZEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 23, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>August 3, 1866</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Highland, Ill., /</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jacob Flier</u>	
13b. MOTHER'S MAIDEN NAME <u>Sophia Mustard</u>		14. NAME OF HUSBAND OR WIFE <u>Anthony Winzen Decd.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James A. Winzen 4211a Oregon 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio Vascular Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>10 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
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) <u>St. Louis, Missouri</u>	
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>1. 201</u>	
22. I hereby certify that I attended the deceased from <u>1-10, 1949</u> , to <u>10-20, 1950</u> , that I last saw the deceased alive on <u>10-20, 1950</u> , and that death occurred at <u>10:30A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert A. Brunner</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>5417 S. Grand</u>	23c. DATE SIGNED <u>10-24-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/26/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter &amp; Paul Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>OCT 25 1950</u> <u>J.R. Dombke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gebken-Benz Mortuary 2842 Maramec St. St. Louis, 18 Mo.</u>		

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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 1269

Signed.....  
Student Embalmer

P. O. Address 2842 Meramec St.  
St. Louis, 18 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.