

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14923  
State File No. 4226

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. Louis</b> )		c. LENGTH OF STAY (in this place) OR TOWNSHIP <b>31 Years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis</b>		2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2839, A. Cass Avenue</b>				d. STREET ADDRESS (If rural, give location) <b>2839, A. Cass Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Willie</b> b. (Middle) _____ c. (Last) <b>Winters</b>			4. DATE OF DEATH (Month) <b>5</b> (Day) <b>1st</b> (Year) <b>1951</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3/1st / 1895</b>	9. AGE (In years last birthday) <b>56</b>	10. UNDER 1 YEAR Months <b>2</b>	11. UNDER 1 HR. Days _____	12. UNDER 1 MIN. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>		11. BIRTHPLACE (State or foreign country) <b>Kosciusko Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Eliza Riley</b>		13b. MOTHER'S MAIDEN NAME <b>Tennia ?</b>		14. NAME OF HUSBAND OR WIFE <b>John Winters</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lillie Brown</b> ADDRESS <b>2839, A. Cass Ave.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myo-Carditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension, Rheumatism</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 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 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) <b>443 X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>4-28</b> , 1951, to <b>5-1</b> , 1951, that I last saw the deceased alive on <b>5-1</b> , 1951, and that death occurred at <b>5 A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. H. Winters</b> (Degree or title) _____				23b. ADDRESS <b>h.o. 3000 E. Center St.</b>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-9-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Booker Washington Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>East ST. Louis, Ill.</b>		
DATE REC'D BY LOCAL REG. <b>MAY 4 1951</b>		REGISTRAR'S SIGNATURE <b>J. W. Kessler</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Houston</b> ADDRESS <b>2829, Washington Blvd</b>			

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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.