

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10775**  
Registrar's No. **2945**

FILED APR 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2149</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5437 Tholozan Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>14 5437 Tholozan Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>DON</b>	b. (Middle) <b>LEROY</b>	c. (Last) <b>WINTER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 27 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 25, 1899</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months	IF UNDER 11 Mths. Days	IF UNDER 11 Hrs. Hours	IF UNDER 11 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Real Estate &amp; Used Car Dealer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>South Dakota</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Florence Winter</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Florence Winter 5437 Tholozan Ave.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. <b>Coronary Atherosclerosis</b> DUE TO (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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>HSA!</b>
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22. I hereby certify that I attended the deceased from **2/26**, 19**52**, to **3/27**, 19**52**, that I last saw the deceased alive on **3/22**, 19**52**, and that death occurred at **9:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. B. Dumas M.D.</b> (Degree or title)	23b. ADDRESS <b>539 N. Grand Bl. St. Louis, Mo.</b>	23c. DATE SIGNED <b>3/27/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Mar. 29, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>MAR 28 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>
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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 *Edwin A. M. Bennett* \_\_\_\_\_

Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

**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.