.S. No. 300
EV. 10.48

FILED JUL 2 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22829

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100 Registrar's No. 5552

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2129

d. STREET ADDRESS (If rural, give location): 12 5596 Pershing

3. NAME OF DECEASED (Type or Print)
a. (First): NATHAN
b. (Middle):
c. (Last): WINETROUB

4. DATE OF DEATH (Month) (Day) (Year): June 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr. 19, 1865
9. AGE (In years last birthday): 87 — If under 1 year: Months 1, Days 27 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Mdse.
11. BIRTHPLACE (City and State or Foreign Country): New York
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Winetroub
13b. MOTHER'S MAIDEN NAME: Hannah Cohen
14. NAME OF HUSBAND OR WIFE: Mae Winetroub

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.: no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Byrde Fuchs-5596 Pershing

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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from _____, 1950, to June 14, 1952, that I last saw the deceased alive on June 14, 1952, and that death occurred at 5 p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lawrence M. Kotner M.D.
23b. ADDRESS: 4409 W. Pine
23c. DATE SIGNED: 6/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/16/52
24c. NAME OF CEMETERY OR CREMATORY: Woodland Cemetery
24d. LOCATION (City, town, or county) (State): Quincy, Illinois

DATE REC'D BY LOCAL REG.: JUN 16 1952
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 29 1952

SEP 23 1952

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 John Kellus

Licensed Embalmer No. 3880

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.