S. No. 300
v. 10-48

XC- 4 161 339
Reg.# 104 331
OCT 4 1952
BIRTH NO.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33867
State File No.

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2476

1000

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (In this place): 35 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

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 2099
d. STREET ADDRESS (If rural, give location): 9 1107 OBEAR AVENUE 1

3. NAME OF DECEASED (Type or Print)
a. (First): BERNARD
b. (Middle): J.
c. (Last): WINTERHALTER

4. DATE OF DEATH (Month) (Day) (Year): 9-24-52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 7-11-13
9. AGE (In years last birthday): 39
If under 1 year: Months / Days
If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: ELECTRIC MOTOR REPAIR
11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: BERNARD WINTERHALTER
13b. MOTHER'S MAIDEN NAME: NELLIE SIFFLEY
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSPITAL RECORDS, JEFF. BRKS, MO.

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) BACTERIAL PNEUMONIA, RT. LOWER LOBE — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — 490X

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. ANKYLOSING ARTHRITIS OF SPINE

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?

22. *I hereby certify that I attended the deceased from* 8-20-52, 19__, *to* 9-24-52, 19__, *and that death occurred at* 11:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. T. KAMINSKAS, M.D.
23b. ADDRESS: VA HOSPITAL, JEFF. BRKS, MO.
23c. DATE SIGNED: 9-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-27-52
24c. NAME OF CEMETERY OR CREMATORY: CALVARY
24d. LOCATION (City, town, or county) (State): ST. LOUIS, MO.

DATE REC'D BY LOCAL REG.: 9-26-52
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Stock Mortuary, 2117 E. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand.

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.