

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8089

State File No. _____

No. 300
10-48

FILED MAR 11 1953

1750

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. _____
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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2149		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5420 Mardel		d. STREET ADDRESS (If rural, give location) 14 5420 Mardel		
3. NAME OF DECEASED a. (First) ROSE (Type or Print)		b. (Middle)		c. (Last) WINN
4. DATE OF DEATH Feb. 14, 1953		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH ab 1886
9. AGE (In years last birthday) 76		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) USSR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Unk. Von		13b. MOTHER'S MAIDEN NAME Riva Unk.		14. NAME OF HUSBAND OR WIFE Meyer Winn, 5420 Mardel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wm Profitt 5420 Mardel
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES DUE TO (b) Arterio sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4221
22. I hereby certify that I attended the deceased from _____, 1944, to Feb 14, 1953 , that I last saw the deceased alive on 2-9, 1953 and that death occurred at 3154, m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) R. K. Chubb, M.D.		23b. ADDRESS 3606 Gravers		23c. DATE SIGNED 2-14-53
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2/14/53		24c. NAME OF CEMETERY OR CREMATORY Philadelphia, Pa.
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson		
DATE REC'D BY LOCAL REG. 2-14-53		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		

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

Alvin J. Harding

Licensed Embalmer No. *4229*

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.