

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16384
3612

State File No.
Registrar's No.

FILED APR 18 1953 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 <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis 2119</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3900 W Belle</u>		d. STREET ADDRESS (If rural, give location) <u>3900 W Belle</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MABEL</u> b. (Middle) <u>WINFIELD</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>4-2-53</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>March 29 1899</u>
9. AGE (In years last birthday) <u>54</u>		# UNDER 1 YEAR Months Days	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>PERCY Winfield</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>PERCY WINFIELD</u>		ADDRESS <u>3900 W. Belle</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
*This does not mean the mode of dying such as heart failure, asbestia, etc. It means the disease, injury, or complication which caused death.			
II. ANTECEDENT CAUSES Marked conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of left knee?</u>			
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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell @ home</u>		<u>420 IF</u>	
22. I hereby certify that I attended the deceased from <u>4/1</u> , 19 <u>53</u> , to <u>4/2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4/1</u> , 19 <u>53</u> , and that death occurred at <u>1030 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Henry M. W.</u>		23b. ADDRESS <u>11 N Jefferson Ave.</u>	
23c. DATE SIGNED <u>4/4</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-6-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, COOK MO</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith</u>		ADDRESS <u>MO BERNIE LOVE 3103 Washington</u>	

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

B-17-

3-27

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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.