

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34349

FILED OCT 1 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7930**

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|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY _____ | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY OR TOWN St. Louis | c. LENGTH OF STAY (In this place) 30 days | c. CITY OR TOWN Maplewood | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri-Pacific Hosp. | | e. STREET ADDRESS (If rural, give location) 2041 Yale Ave | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Joseph c. (Last) Winston | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 12, 1953 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 19, 1885 |
| 9. AGE (In years last birthday) 68 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switch foreman | 11. BIRTHPLACE (City and State or Foreign Country) Ste Genevieve, Mo. 0 |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Felix Winston | | 13b. MOTHER'S MAIDEN NAME Josephine La Rose | 14. NAME OF HUSBAND OR WIFE Martha Winston |
| 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. Unknown | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS James A. Winston-5310 Terry Ave. |
| 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) Carcinoma of Bladder 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 <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) 181X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 13 July, 1953 , to 12 Aug, 1953 , that I last saw the deceased alive on 12 Aug., 1953 , and that death occurred at 12:40 p.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) J. C. [Signature] | | 23b. ADDRESS St. Louis, Mo. | 23c. DATE SIGNED 13 Aug '53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 8-15-53 | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
| DATE REC'D BY LOCAL REG. AUG 14 1953 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser-4228 S. Kingshighway Bl. | |

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.....
Signature of Student Embalmer

Signed *Wale A. [Signature]*

Licensed Embalmer No. *4533*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.