

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. **44554**
Registrar's No. **11731**

FILED DEC 17 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		a. STATE Missouri, b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4211a Oregon Ave.,		d. STREET ADDRESS (If rural, give location) 4211a Oregon Ave.,	
3. NAME OF DECEASED a. (First) James (Type or Print)			b. (Middle) A. c. (Last) Winzen,
4. DATE OF DEATH December 10, 1953 (Month) (Day) (Year)		9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min.	
5. SEX Male.	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 10, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture Dealer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri,
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Anthony Winzen,	
13b. MOTHER'S MAIDEN NAME Helen Flier		14. NAME OF HUSBAND OR WIFE Lucille Winzen,	
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.	
17. INFORMANT'S SIGNATURE OR NAME Lucille Winzen, 4211a Oregon Ave.,		ADDRESS	
MEDICAL CERTIFICATION			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Embolus (clot) in rt. axillary artery	
		DUE TO (c) Coronary thrombosis	
19. DATE OF OPERATION 12/8/53		19b. MAJOR FINDINGS OF OPERATION clot in rt. axillary artery	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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? 4201			
22. I hereby certify that I attended the deceased from Jan., 1953 , to Dec 10, 1953 , that I last saw the deceased alive on Dec 10, 1953 , and that death occurred at 8:55 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) George A. O'Sullivan, M.D.		23b. ADDRESS 4217 Schirmer, St. Louis, Mo.	
23c. DATE SIGNED Dec 11-1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,		24b. DATE 12/14/53	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. DEC 12 1953		REGISTRAR'S SIGNATURE Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary,		ADDRESS 2842 Meramec St.,	
		St. Louis, 18, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 _____ me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Loren A. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.