No. 300
10.48

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

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 29325

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7626

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) December 30, 1948 August 16, 1954
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Chronic Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE MO.
b. COUNTY
c. CITY OR TOWN St. Louis.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 5800 Arsenal St. 213 1/2

**3. NAME OF DECEASED** (Type or Print)
a. (First) Mary
b. (Middle) Elizabeth
c. (Last) Winsel.

**4. DATE OF DEATH** (Month) (Day) (Year) August 16, 1954

**5. SEX** Female

**6. COLOR OR RACE** White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widow

**8. DATE OF BIRTH** Feby. 4, 1855

**9. AGE** (In years last birthday) 99 — If under 1 year: Months 6, Days 12 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (City and State or Foreign Country) Holland

**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME** John Bertram.

**13b. MOTHER'S MAIDEN NAME** Wilhelmina Razor.

**14. NAME OF HUSBAND OR WIFE** Dr. Theordore Winsel

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.** none

**17. INFORMANT'S SIGNATURE OR NAME** Daisy Petersen **ADDRESS** 4422 Delor St.

**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) Cerebral Arteriosclerosis Duration 6-yrs.

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.*

INTERVAL BETWEEN ONSET AND DEATH

**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?** 334X

22. *I hereby certify that I attended the deceased from* Dec. 30. *19* 48, *to* August 16, *19* 54, *that I last saw the deceased alive on* August 16, *19* 54, *and that death occurred at* 7, 20P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** George M. Tanaka, M.D. (Degree or title)

**23b. ADDRESS** 5800 Arsenal St.

**23c. DATE SIGNED** 8-17-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial

**24b. DATE** Aug. 19, 1954

**24c. NAME OF CEMETERY OR CREMATORY** Hiram

**24d. LOCATION** (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. AUG 18 1954

REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.

25. FUNERAL DIRECTOR'S SIGNATURE Bull-Campbell Mortuary **ADDRESS** 5165 Delmar Blvd.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3881

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.