

FILED DEC 17 1954

STANDARD CERTIFICATE OF DEATH

State File No. 42970  
11179  
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Bernard		b. (Middle) Anthony	
c. (Last) Winters		4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1954	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Nov. 24, 1892
9. AGE (In years) (at birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman—Globe Solvents	11. BIRTHPLACE (City and State or Foreign Country) Rochester, N.Y.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman—Globe Solvents		10b. KIND OF BUSINESS OR INDUSTRY S Co. Inc.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Anthony Winters		13b. MOTHER'S MAIDEN NAME Anne Unknown	14. NAME OF HUSBAND OR WIFE Mrs. Carrie Winters
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 1		16. SOCIAL SECURITY NO. 092-09-2722	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Sarah G. Knott, 4140 Washington Blvd.
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) Myocardial failure -  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis and cardio-vascular renal disease - 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)			
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 442X			
22. I hereby certify that I attended the deceased from October 12, 1953, to December 6, 1954, that I last saw the deceased alive on December 6, 1954, and that death occurred at 12:30P m., from the causes and on the date stated above.			
23a. SIGNATURE Harold E. Walters, M.D.		23b. ADDRESS 508 N. Grand Blvd., St. Louis, Mo.	
23c. DATE SIGNED 12/7/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 10, 1954	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. DEC 8 1954		REGISTRAR'S SIGNATURE Charles Smith	
FUNERAL DIRECTOR'S SIGNATURE J. Donnelly		ADDRESS 3840 Lindell Blvd.	

**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 *Francis Hullomson*.....

Licensed Embalmer No. *356*.....

P. O. Address *3840 2nd*.....

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.