

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20508**
5193

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 2838a Accomac St.		f. STREET ADDRESS (If rural, give location) 2.3 2838a Accomac St.	

3. NAME OF DECEASED (Type or Print) William		a. (First) William	b. (Middle) A.	c. (Last) Winkler	4. DATE OF DEATH June 14, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 18, 1890	9. AGE (in years last birthday) 64	IF UNDER 1 YEAR Months 6 Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Carrier		10b. KIND OF BUSINESS OR INDUSTRY Newspaper Industry		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William F. Winkler		13b. MOTHER'S MAIDEN NAME Louise Schaller		14. NAME OF HUSBAND OR WIFE Gertrude Winkler	
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. 494-32-2895		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertrude Winkler 2838a Accomac 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) Carcinomatosis			INTERVAL BETWEEN ONSET AND DEATH month
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of sigmoid			5 1/2 years
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic bilateral glomerulo-nephritis			years
19a. DATE OF OPERATION 1949	19b. MAJOR FINDINGS OF OPERATION Ca of sigmoid, invading bladder. Colostomy at Alexina Basler's hosp.			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 153X			

22. I hereby certify that I attended the deceased from **Sept. 1949**, to **June 13, 1955**, that I last saw the deceased alive on **June 10, 1955**, and that death occurred at **2:20A** m., from the causes and on the date stated above.

23a. SIGNATURE Maximilian Weitzman, M.D.		(Degree or title)		23b. ADDRESS 3530 ARSENAL, St. Louis	23c. DATE SIGNED 6-14-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/17/55	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JUN 15 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave.		

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

MAY 2 1960

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 *Robert F. Gebken*

Licensed Embalmer No.. *419*

P. O. Address *2630 St.*

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.