

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31364**
Registrar's No. **7514**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7514**

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 OR TOWN St. Louis)		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarinate Word Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location)		12 5330 Pershing Ave	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Winifred	b. (Middle)	c. (Last) Preston	(Month) (Day) (Year) August 26, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 5, 1875
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	
11. BIRTHPLACE (City and State or Foreign Country) Chippewa Falls, Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Cathcart	13b. MOTHER'S MAIDEN NAME May Hilton	14. NAME OF HUSBAND OR WIFE
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. None	17. INFORMANT'S SIGNATURE OR NAME Florence Collins ADDRESS 5330 Pershing Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8-20-55
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Accident	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) cerebral accident resulting from 3rd cranial nerve. 8-20-55	
DUE TO (c)		DUE TO (c) Hypertension	

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?

22. I hereby certify that I attended the deceased from **7-21**, 19**55**, to **8-26**, 19**55**, that I last saw the deceased alive on **8-25**, 19**55**, and that death occurred at **4 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles G. Deuncker	23b. ADDRESS 1927 A main	23c. DATE SIGNED 8-26-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 27, 1955	24c. NAME OF CEMETERY OR CREMATORY
DATE REC'D BY LOCAL REG. AUG 27 1955	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	24d. LOCATION (City, town, or county) (State) Chippewa Falls, Wisconsin
25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons ADDRESS 6175 Delmar Blvd.		

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. C. G. Drum
1927a Union Blvd.
Ev. 5-5645

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 *Jos. E. McCulloch*.....

Licensed Embalmer No. *246*

P. O. Address *6145 De*

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.