

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35298

State File No. 9111

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 Mo.				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				e. STREET ADDRESS (If rural, give location) 22 905 Morrison Ave.				22 10	
3. NAME OF DECEASED (Type or Print)		a. (First) CHARLES		b. (Middle) W.		c. (Last) WININGHAM		4. DATE OF DEATH (Month) (Day) (Year) Oct. 17 1955	
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White <input checked="" type="checkbox"/>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 26, 1883		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman-Fulton Bag Co.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Glenwood, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Winingham			13b. MOTHER'S MAIDEN NAME Alice Chamberlain			14. NAME OF HUSBAND OR WIFE Edna Winingham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 493-07-5877		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Winingham 905 Morrison Ave.					
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.				<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Regenerative heart disease</u> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>4 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral arteriosclerosis</u>						1 year			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 422.2						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)		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 <u>Jan 1951</u> , to <u>Oct 17</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct 17</u> , 19 <u>55</u> , and that death occurred at <u>11:40 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Ranumbaum</u> (Degree or title)				23b. ADDRESS 3701 Grandel St			23c. DATE SIGNED 10-18-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 20, 1955		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. OCT 19 1955		REGISTRAR'S SIGNATURE <u>J. Earl Smith md</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

**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 *John A. Haumann* .....  
Licensed Embalmer No. *453* .....  
P. O. Address .....

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.