

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014771
State File No.

FILED APR 17 1958

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 42

0500

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

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROCK TOWNSHIP MO		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ROCK TOWNSHIP
d. FULL NAME OF HOSPITAL OR INSTITUTION WINTERS DRIVE IMPERIAL MO		e. STREET ADDRESS (If rural, give location) WINTERS DRIVE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

0508

3. NAME OF DECEASED a. (First) Clara b. (Middle) Winter c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Apr. 4, 1958		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH FEB. 18 1881	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days IF UNDER 4 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 HOUSEWORK		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO	
13a. FATHER'S NAME JOHN HAASER			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE LOUIS J. WINTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME LOUIS J. WINTER IMPERIAL MO ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor. Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Due to (b) Senility		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

4222

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Imperial Jefferson Mo		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 Imperial Jefferson Mo (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 1955, 19 , to 4/4, 1958, that I last saw the deceased alive on 4/2, 1958, and that death occurred at 11-30 P.m., from the causes and on the date stated above.

23a. SIGNATURE R. Reich Mrs. Imperial, Mo (Degree or title)		23b. ADDRESS		23c. DATE SIGNED 4/5/58
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE APR 7, 1958	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	

DATE REC'D BY LOCAL REG. 4-7-58	REGISTRAR'S SIGNATURE Robert E. Bauer	25. FUNERAL DIRECTOR'S SIGNATURE Heiligtag---Imperial, Mo. ADDRESS	
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 15 1958

RECEIVED

APR 21 1958

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 *Elmer Heiligtag*.....

Licensed Embalmer No. *3371*.....

P. O. Address *Imperial*.....

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.