Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020299

STATE FILE NUMBER 5139

FILED MAY 23 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis, Missouri — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 23 St. John's Hospital — Length of stay in 1b 4 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 4233 Grove Street — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Clara Middle H. Last Winkelmann
Clara Winkelmann

4. DATE OF DEATH Month May, Day 13, Year 1958

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH 3-17-1883

9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred Schmelz

13b. MOTHER'S MAIDEN NAME Mathilda Bachmann

14. NAME OF HUSBAND OR WIFE Mr Bernard Winkelmann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Address Mr. Bernard F. Winkelmann, 8549 Mora Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Anteroseptal myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 1 month
Cerebral vascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac decompensation
DUE TO (c) Arteriosclerotic heart disease 420.0 — Several years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 21, 1955, to May 13, 1958 and last saw her alive on May 13, 1958
Death occurred at 1:45 P.M., m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John J. Forti (Degree or title) M.D.

22b. ADDRESS 4703 Carter Ave. St Louis

22c. DATE SIGNED 5-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 5-16-1958

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery,

23d. LOCATION (City, town, or county) St. Louis, (State) Missouri.

24. FUNERAL DIRECTOR ADDRESS Math, Hermann & Son Inc. 2161 E. Fair Ave.,

25. DATE RECD. BY LOCAL REG. MAY 15 '58

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Clement J. McNulty

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.