

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027368

FILED VS JUL 24 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **8 6554** STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3173 MINNESOTA		d. STREET ADDRESS (If outside, give location) 3173 MINNESOTA	

3. NAME OF DECEASED (Type or print) First ANNA Middle WINKLER Last			4. DATE OF DEATH Month JULY Day 9 Year 1959			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH AUG 3 1895	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and state or country) BOHEMIA		12. CITIZEN OF WHAT COUNTRY U-S-A
13a. FATHER'S NAME WILLIAM KLIMES		13b. MOTHER'S MAIDEN NAME MARY MIKSATKO		14. NAME OF HUSBAND OR WIFE JOSEPH WINKLER		
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 Address JOSEPH WINKLER 3173 MINNESOTA		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Embolism		1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Ch. Myocarditis	1954
	DUE TO (c) Paraplegia	1951

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nephritis Glomerular		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour None Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	20f. CITY, TOWN, OR LOCATION ST. LOUIS	COUNTY MO	STATE
21. I attended the deceased from March 5 1954 and last saw her alive on June 26 1959 Death occurred at 12:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Roal Smith M.D.		22b. ADDRESS 7767 Gravois Ave		22c. DATE SIGNED July 11-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 13 1959	23c. NAME OF CEMETERY OR CREMATORY ST. PETER + PAUL		23d. LOCATION (City, town, or county) ST. LOUIS	
24. GENERAL DIRECTOR ADDRESS Thomas Kutis 2906 Gravois		25. DATE RECD. BY LOCAL REG. JUL 1 1959		26. REGISTRAR'S SIGNATURE Roal Smith M.D.	

m8c

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1849

Embalmer No. 3402

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleana Province

Licensed Embalmer No. 3402

P. O. Address 2906 Grove

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.