URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1959

59-034509

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9073

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hospital
Inside Limits: Yes ☒ No ☐

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 ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4936 W. Florissant Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EDWARD; Middle HERMAN; Last WINTER

4. DATE OF DEATH: Month October; Day 1st; Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 3-17-05

9. AGE (last birthday): 54

IF UNDER 1 YEAR: Months ___ Days ___

IF UNDER 24 HR: Hours ___ Min. ___

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

10b. KIND OF BUSINESS OR INDUSTRY: Brentwood Police

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

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Andrew W. Winter

13b. MOTHER'S MAIDEN NAME: Lizette Schemme

14. NAME OF HUSBAND OR WIFE: Late Emma Winter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 452-32-1459

17. INFORMANT: Mrs. Edna Urquhart, 4936 W. Florissant

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): Coronary thrombosis. without — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): in Infarction. —

DUE TO (c): Arteriosclerotic heart disease. — Sev. yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 Aug 18, 1959 to Oct 1 and last saw her/him alive on Oct 1

Death occurred at 7.07 PM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) M.D.

22b. ADDRESS: 5427 Delmar

22c. DATE SIGNED: 10-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Rail

23b. DATE: 10-4-59

23c. NAME OF CEMETERY OR CREMATORY: Forest Park Cemetery

23d. LOCATION (City, town, or county) (State): Houston, Texas

24. FUNERAL DIRECTOR: CALVIN F. FEUTZ, FUNERAL HOME, St. Louis, 15, Missouri.
ADDRESS: 4828 Natural Bridge Blvd.,

25. DATE RECD. BY LOCAL REG.: OCT 2 '59

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Ralph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.