

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 0 1959

59-042723

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **210092**

UNRECORDED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in lb 12 da	c. CITY OR TOWN East St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2529 Lincoln	
3. NAME OF DECEASED (Type or print) First DEVER Middle GRIFFIN Last WINANS			4. DATE OF DEATH Month NOVEMBER Day 2 Year 1959		
5. SEX Male	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 3-12-1897	9. AGE (1 st birthday) 62	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tinner		10b. KIND OF BUSINESS OR INDUSTRY Armour & Company		11. BIRTHPLACE (City and state or country) Buckhannon, W. Va.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Opha Winans			
13b. MOTHER'S MAIDEN NAME Margaret Gibson		14. NAME OF HUSBAND OR WIFE Thelma (Skridge) Winans			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 342-09-2407		17. INFORMANT Mrs. Thelma Winans Address St. Louis, Ill. 2529 Lincoln	
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) HYPOTENSION					18 HOURS
DUE TO (b) EXPLORATION OF COMMON DUCT AND CHOLECYSTOSTOMY, POST-OPERATIVE					3 DAYS
DUE TO (c) SUBACUTE CHOLECYSTITIS AND CHOLELITHIASIS					1 WEEK
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 584x					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			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 OCT. 21, 1959 to NOV. 2, 1959 and last saw her alive on NOV. 2, 1959 Death occurred at 11:10 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. V. Bradley (Degree or title) M. D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 11/3/59 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-5-1959	23c. NAME OF CEMETERY OR CREMATORY St Hope Cemetery		23d. LOCATION (City, town, or county) Bellville, ILL.
24. FUNERAL DIRECTOR Kerrin J. Honey ADDRESS East St Louis		25. DATE RECD. BY LOCAL REG. NOV 3 1959		26. REGISTRAR'S SIGNATURE Karl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

S.P.

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 _____

Charles G. Kurms

Licensed Embalmer No. 486

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.