URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-023730

STATE FILE NUMBER

FILED VS JUL 11 1960

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 87

ENDED

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Township
Length of stay in 1b: 9 hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lin. Co. Mem. Hospital
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) McKelvy Road
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Theodore Middle: J. Last: Winkler

4. DATE OF DEATH Month: July Day: 4, Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 4/23/89

9. AGE (last birthday): 71

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): Huckster

10b. KIND OF BUSINESS OR INDUSTRY: Huckster

11. BIRTHPLACE (City and state or country): Bridgeton, Mo

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

13a. FATHER'S NAME: Theodore Winlker

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Katie Winkler

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.: 499-12-3271

17. INFORMANT: Gladys Leezy Address: 4928-a Sutherlad St. Louis

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) Medullary Failure

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

DUE TO (b) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 hrs

DUE TO (c)

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. ☐ 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 7-3-60, to 7-4-60 and last saw ~~her~~ him alive on 7-4-60

Death occurred at 3:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Blackwell (Degree or title) DO.

22b. ADDRESS TROY Mo

22c. DATE SIGNED 7-6-60

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

23b. DATE July 8, 60

23c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery

23d. LOCATION (City, town, or county) (State) Bridgeton. Mo.

24. FUNERAL DIRECTOR Baumann Bros. ADDRESS 2504 Woodson, Overland, Mo.

25. DATE RECD. BY LOCAL REG. 7-8-1960

26. REGISTRAR'S SIGNATURE Charlotte Leek J. Shafer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 12 1960

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 5105

P. O. Address Troy, Mo

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