RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

S DEC 2 1 1960

-60-048082

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12004 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b years

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4147 Pleasant Street — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4147 Pleasant Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Joseph Middle L Last Winkler

4. DATE OF DEATH Month December Day 13 Year 1960

5. SEX male

6. COLOR OR RACE white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 2-14-1888

9. AGE (last birthday) 72 — 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) Sheet Metal Worker (retired)

10b. KIND OF BUSINESS OR INDUSTRY Federal Brilliant Sign Company

11. BIRTHPLACE (City and state or country) Trenton, Illinois

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

13a. FATHER'S NAME John Winkler

13b. MOTHER'S MAIDEN NAME Bertha Steffens

14. NAME OF HUSBAND OR WIFE Stella 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. —

17. INFORMANT Address Mrs. Stella Winkler, 4147 Pleasant St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac failure

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

DUE TO (b) Coronary insufficiency

DUE TO (c) Arteriosclerosis 420.1

INTERVAL BETWEEN ONSET AND DEATH

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 1945, to Oct. 17, 1960 and last saw him alive on Oct. 17, 1960

Death occurred at 9:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. F. Gilbertson, D.C.

22b. ADDRESS 8119 St Charles Rd. St. L. Co.

22c. DATE SIGNED Dec 14, 1960

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

23b. DATE Dec. 16, 1960

23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery

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

24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Av St. Louis, 7, Missouri

25. DATE RECD. BY LOCAL REG. DEC 14 1960

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

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 373

P. O. Address St. Louis

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