

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9147** STATE FILE NUMBER

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,		c. CITY OR TOWN ST LOUIS,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOHN'S HOSPITAL		d. STREET ADDRESS (If outside, give location) 4603 SACRAMENTO AVE	

3. NAME OF DECEASED (Type or print) First ALBERT Middle E. Last WINKLER			4. DATE OF DEATH Month OCT. Day 1, Year 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/19/82	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MACH.	10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERVICE CO.	11. BIRTHPLACE (City and state or country) MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME ERNEST E. WINKLER	13b. MOTHER'S MAIDEN NAME MINNIE GOLDAMMER	14. NAME OF HUSBAND OR WIFE KATIE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	17. INFORMANT Address EDMUND WINKLER 4114 a CLARENCE AVE
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18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Carcinoma of Colon	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	Metastasis to liver and other organs in Abdomen	
	DUE TO (c)	153.8

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
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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"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year	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
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21. I attended the deceased from **April 1960** to **Oct 1 - 1961** and last saw him alive on **Oct 1 - 1961**
Death occurred at **St. Louis, Mo** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. J. Dordell (Degree or title)	22b. ADDRESS 7544 West Florissant	22c. DATE SIGNED Oct 3 1961
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10/4/61	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI
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24. FUNERAL DIRECTOR ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE	25. DATE RECD. BY LOCAL REG. OCT 4 1961	26. REGISTRAR'S SIGNATURE Leon Smith, M.D.
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ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

STROOT - CARROLL 4600 NATURAL BRIDGE OCT 4 1961 Leon Smith, M.D.

2 Maxwell
7544 W,
Glariscourt

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 M W Rueten

Licensed Embalmer No. 4865

P. O. Address St Louis, Mo

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.