

SOCIAL SECURITY NO.

582-18-6128

Is veteran, name war

No

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

338319

FULL NAME

Clarence John Winters

Local File No.

7496

PLACE OF DEATH

County Wayne

Township

City or village Detroit, 9,

Name of hospital 1150 Central Ave.,
(If not in hospital, give street address.)

Length of stay: In hospital _____ In this community 46 Yrs.

USUAL RESIDENCE OF DECEASED:

State Michigan County Wayne

Township

City or village Detroit, 9,

Street No. 1150 Central Ave.,

Citizen of foreign country?

If yes, name country.

Sex Male Color or Race White Single, Married, Widowed or Divorced Married

NAME OF HUSBAND or WIFE

Name Elizabeth Sims Age, if alive 46 Yrs

Birth date of deceased Sept. 7, 1898

Age: Years 46 Months 9 Days 8 If less than one day hrs min.

Birthplace Detroit, Mich.

Usual occupation Ford Motor Car Co.

Industry or business Tool Crib

(Name Laurence Winters

(Birthplace Ypsilanti, Michigan

(Maiden name Augusta Sokoll

(Birthplace Germany

Informant Mrs. Elizabeth Winters

Address 1150 Central Ave., Detroit, 9

Burial/cremation or removal (Circle the word which applies)

Place Detroit, Mich.

Cemetery Woodmere Date July 2, 19 45.

Funeral director's signature Moran & Duff Harold R. Duff

Address 6628 W. Fort St., Detroit, 9,

Filed 11/2/45 Local Registrar

MEDICAL CERTIFICATION

Date of death June 29, 19 45.

I hereby certify that I attended the deceased from June 26 to June 29, 19 45. I last saw him alive on June 29, 19 45.

Death is said to have occurred on the date stated above at 12:20 AM.

Immediate cause of death Cerebral apoplexy. 1 1/2 days

Duration 1 1/2 days

Other contributory causes of importance Chronic myocardiopathy 1 yr

Major findings and dates: Chronic myocardiopathy 1 yr

Of operations

Of autopsy NO

In case of violence, state if accident, homicide or suicide NO

Date

Where did injury occur? (Specify city, county, or state)

In industry, home or public place?

Was disease or injury related to occupation of deceased?

Signature Louis A. Howard, MD

Address 9122 W Fort St