

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

43574

1. PLACE OF DEATH

STATE OF TEXAS

COUNTY OF CoreyelleCITY OR
PRECINCT NO. Precinct. #Camp Hood Reservation

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME
OF DECEASED Pvt. Hubert WinkerASN. 37052093LENGTH OF RESIDENCE
WHERE DEATH OCCURRED 2 1/2 YEARS 2 MONTHS 1 DAYS. (SOCIAL SECURITY NO. _____)RESIDENCE OF 1930 Salisbury CITY St. Louis COUNTY _____ STATE Mo.
THE DECEASED AND NO. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Single
(WRITE THE WORD)6. DATE OF
BIRTH Jan. 21, 19107. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY
32 8 21 HOURS MIN8A. TRADE, PRO-
FESSION OR KIND
OF WORK DONE Soldier US Army
8B. INDUSTRY OR
BUSINESS IN
WHICH ENGAGED9. BIRTHPLACE
(STATE OR
COUNTRY) DK10. NAME Karl Winker.11. BIRTHPLACE
(STATE OR
COUNTRY) DK12. MAIDEN
NAME DK13. BIRTHPLACE
(STATE OR
COUNTRY) DK14. SIGNATURE
Records of Camp Hood.ADDRESS
Camp Hood. TEXAS15. PLACE OF
BURIAL OR
REMOVAL St. Louis, Missouri TEXAS
DATE October, 14, 194 216. SIGNATURE
G.C. Eads & Son.ADDRESS
216 North Main St. Belton TEXAS20. FILE NUMBER FILE DATE
58-18- act 14 194 2SIGNATURE OF LOCAL REGISTRAR
Geo Miller

MEDICAL PARTICULARS

17. DATE OF
DEATH 10/12 194 218. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM
10/12 194 2 TO 10/12 194 2I LAST SAW HIM ALIVE ON 10/12 194 2THE DEATH OCCURRED ON THE DATE STATED ABOVE AT 2:59 P.M.

THE PRIMARY CAUSE OF DEATH WAS:

Gun shot wound of
chest with perforation of heart.CONTRIBUTORY
CAUSES WERE HemorrhagepericardiumIF NOT DUE TO DISEASE, SPECIFY WHETHER:
ACCIDENT, SUICIDE, OR HOMICIDE HomicideDATE OF OCCURRENCE 10/12/42PLACE OF OCCURRENCE Camp Hood Tex.MANNER OR MEANS Gun shot wound.IF RELATED TO OCCU-
PATION OF DECEASED,
SPECIFYSIGNATURE Arthur Haggin Capt 41 M.D.ADDRESS 899 T & Bn Camp Hood TEXASPOSTOFFICE ADDRESS
Gatinsville TEXAS