

**Catherine (Kate) Ulrich
Catherine (Kate) Trinkler
Widowed
Married to Charles Trinkler
Prior Marriage to Joseph Winiger
Maiden Name: Catherine Ulrich
Born in Switzerland Nov. 11, 1846
Died in Missouri Feb. 7, 1920
Father: F. Ulrich
Mother: Unknown
Immigration: June 19, 1871**

Records in hand



• **TRINKLER—WINIGER—** Entered into rest on Saturday, Feb. 7, 1920, at 10:30 a. m.; Catherine Trinkler Winiger, dear mother of Joseph, Mrs. Ed. Echtenkamp, Henry and Leo, and our dear mother-in-law and grandmother, aged 73.
• Funeral from the Leidenor chapel, 2223 St. Louis avenue, Tuesday, Feb. 10, at 1 p. m., thence to New Bethlehem Cemetery. Funeral strictly private. (c)

- **Missouri State death certificate 3312 Blair Ave Saint Louis, MO Feb. 7, 1920. Right after the 1920 Census.**

- **Jan 1920 Census, head of household, widowed, rented home on 3312 Blair Ave in Saint Louis, MO and lived with her son Leo Winiger.**
- **Charles Trinkler died on March 20. 1914 3311 Klein St.**
- **1910 April 1910 Census, wife of Charles Trinkler, lived on 3311 Klien Street Saint Louis, MO with Daughter Irene Trinkler age 13 and son Leo A. Winiger age 29. Married 25 years.**
- **June 1900 census, head of household, married for 6 years, Charles not listed, lived on 3311 Klien Street Saint Louis, MO with Rosa Trinkler (listed as Daughter but believed to be Rosine Trinkler, Charles daughter with Henricka), Katie Trinkler (listed as Daughter but believed to be daughter of George Trinkler(Uncle of Charles) and Henricka (was wife of Charles possible divorced) along with Joseph and Leo Winiger (sons of Catherine Trinkler (Winiger)).**
- **No record but if you go by the census Catherine and Charles had to have gotten married about 1886-1887.**
- **1880 census listed Katherine as head of household, with son Joseph Winiger 1872, daughter Carolina Winiger 1874, son Henry Winiger 1877 and son Leo Winiger 1879.**
- **Information from Winiger famly decendents inform us that Joseph Winiger SR died Oct 30, 1879.**
- **June 19, 1871 passenger list for the S.S. Calabria New York arrival from Liverpool has Joseph and Catherine Winiger listed at age 25 for both of them.**

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

9767

1. PLACE OF DEATH
 County _____ Registration District No. _____ File No. _____
 Township _____ Primary Registration District No. _____ Registered No. 271572
 City St Louis Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Catherine Prunkler
 (a) Residence No. 3312 Blair Ave St. N Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed
 (write the word)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11 26 1846
7. AGE YEARS MONTHS DAYS 73 2 26 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Switzerland
 (STATE OR COUNTRY)

10. NAME OF FATHER F. Ulrich

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Switzerland

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Switzerland

14. INFORMANT Joseph Prunkler
 (Address) 3312 Blair Ave

15. FILED 1 Max L. Starckoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1920

17. I HEREBY CERTIFY That I attended deceased from Feb 4 1920 to Feb 7 1920 that I last saw him alive on Feb 7 1920 and that death occurred, on the date stated above, at 10 o'clock

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Bronchitis

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) C. Wickman M. D.
217, 1920 (Address) 3209 N. 19th St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Bethelheim **DATE OF BURIAL** Feb 10 1920

20. UNDERTAKER By Leiden Truck Co **ADDRESS** 2417 N. Market

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.