

Henry Winiger
Born in Saint Louis, MO July 20, 1877
Died in Saint Louis, MO February 26, 1936
Father: Joseph Winiger
Mother: Catherine Ulrich
Married Ida Echternkamp around 1900

Records in hand

- **Henry dies February 26, 1936.**
- **1930 census list Henry, wife Ida, with daughters Dorothy and Mildred with husband Arthur T. Lang living with them.**
- **1920 census list Henry, wife Ida, with daughters Mabel, Mildred and Dorothy living with them.**
- **1910 census list Henry, wife Ida, with daughters Mabel, Mildred , Dorothy and brother August Echternkamp (Ida's brother) living with them.**

WINIGER, HENRY—2109 Palm st., entered into rest Wed., Feb. 26, 1936, 6:45 a. m., beloved husband of Ida Winiger (nee Echternkamp), dear father of Mrs. Louis Marting, Mrs. Arthur Lang, Mrs. Arthur Kleler, dear father-in-law, grandfather, brother, brother-in-law and uncle, in his 59th year.

Funeral Sat., 2:30 p. m., from Beiderwieden Funeral Home, 1936 St. Louis av., to New Bethlehem Cemetery.

Henry Winiger

Memorial

Photos

Flowers

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Birth: Jul. 20, 1877
Death: Feb. 26, 1936

Family links:

Spouse:

*Ida Echternkamp Winiger (1877 - 1961)**

[*Calculated relationship](#)

Burial:

[New Bethlehem Memorial Park Cemetery](#)

Bellefontaine Neighbors

St. Louis County

Missouri, USA

[Edit Virtual Cemetery info](#) [?]

Created by: [Susan Ing](#)

Record added: Jan 16, 2013

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Added by: [Susan Ing](#)



Cemetery Photo

Added by: [Lynn Marie Vint](#)

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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.

MAR 12 1936

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

Do not use this space.

8476

1. PLACE OF DEATH

County.....
Township.....
City St Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 2109, Palm St)

File No.....
Registered No. 2167
St. Ward)

2. FULL NAME

(a) Residence, No. 2109 Palm St. 20 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lda Kriniger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 20 1877</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>7</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wood Worker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lucas Chemical Co.</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis, Mo.</u>	
	13. NAME <u>Heinrich Kriniger</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Ulrich</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
17. INFORMANT (ADDRESS) <u>Lda Kriniger</u> <u>2109 Palm St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Catherine</u> DATE <u>Nov. 29, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Heinrich Kriniger Funeral Home Inc</u> <u>1936 St. Louis Ave</u>		
20. FILED <u>FEB 27 1936</u> <u>J. F. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1936, to Feb 25, 1936.
I last saw him alive on Feb 25, 1936. Death is said to have occurred on the date stated above, at 6:45 A.M.
The principal cause of death and related causes of importance were as follows:
Cirrhosis of Liver
Chronic myocarditis
124
Date of onset 21

Other contributory causes of importance:
Congestion of lungs due to Bronchial pneumonia

Name of operation..... Date of.....
What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) W. H. Felber, M. D.
(Address) 3611 St. Louis