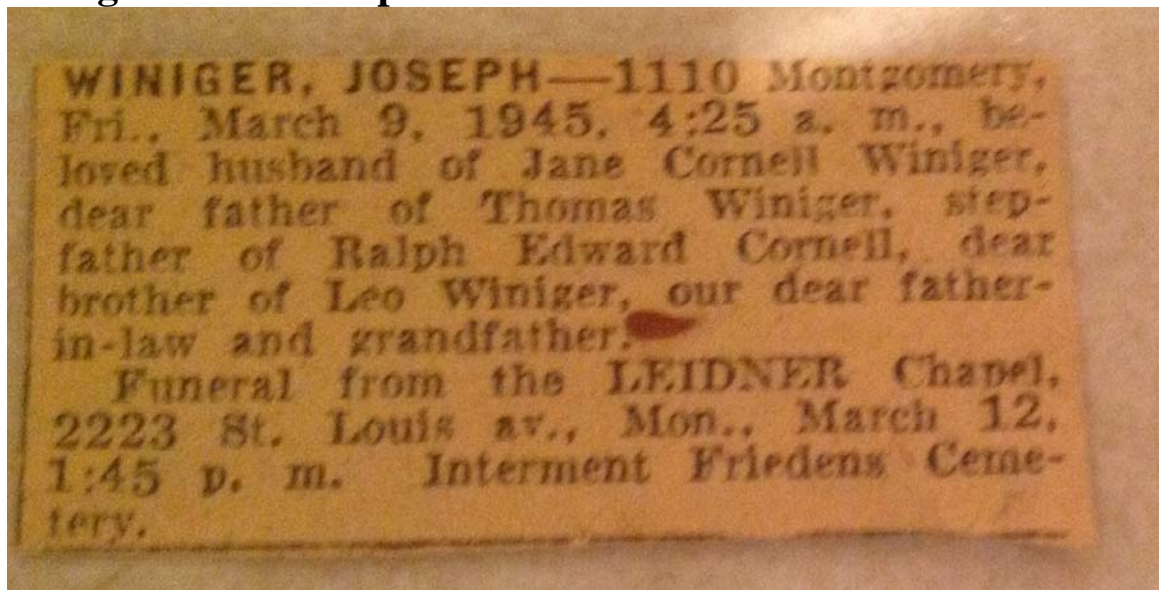


Joseph Winiger
Born in Saint Louis, MO September 1872
Died in Missouri March 9, 1945
Father: Joseph Winiger
Mother: Catherine Ulrich
Married Emelia Nicholson around 1900-1903
Married Julia/Jane Cornell before 1930

Records in hand

- **It appears that Jane Cornell Winiger and Julia Cornell Winiger is the same person.**



- **1940 census list Joseph and wife Julia.**
- **1930 census list Joseph and wife Julia (who we have traced back to Julia Cornell, mother of Ralph Edward Cornell.**
- **Emelia Nicholson, wife of Joseph Winiger died April 14, 1923.**
- **1920 census, list Joseph, wife Emelia and son Thomas.**
- **June 1900 census, Mother is head of household, married for 6 years, her husband 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).

- **1800 census listed Katherine as head of household, with son Joseph Winiger 1872(not sure of the spelling of name as there were quite a few variations), daughter Carolina Winiger 1874, son Henry Winiger 1877 and son Leo Winiger 1879.**

S. No. 2
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 Rev. 5-17-39
 I X36871

FILED MAR 23 1945

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2252**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 52 years
(Specify whether years, months or days)

In this community: 52 years

3. (a) PRINT FULL NAME Joseph Winiger

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male **5. Color or race** white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jane Winiger

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept. 27th. 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>5</u>	<u>12</u>	hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Passer

11. Industry or business Water Works

12. Name unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jane Winiger

(b) Address 1110 Montgomery St.

17. (a) Burial **(b) Date thereof** 3-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAR 10 1945 **(b)** J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1110 Montgomery St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th.
 year 1945 hour 4:25 AM. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death: Sudden Coronary Infarction
Coronary Artery Disease of Right Ankle
Cardiac Hypertrophy of the myocardium
 due to accident when he was caught in a coal slide in a tunnel in which he was working at the time of rock water works
10.5.0
1768
 Other conditions: Chronic Arteriosclerosis of the Aorta
25-19-45
(To be given in full in months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct 25 1944

(c) Where did injury occur? 28 2nd St. Wm
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Work
(Specify type of place)

While at work? 0 (c) Means of injury above

23. Signature Walter Perry (M. D. or other) _____

Address St. Louis **Date signed** 3/10/45

Joseph Winiger

Memorial

Photos

Flowers

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Birth: Sep. 27, 1872

Death: Mar. 9, 1945

Family links:

Spouse:

*Emelia Nicholson Winiger (1882 - 1923)**

[*Calculated relationship](#)

Burial:

[Friedens Cemetery Mausoleum and Chapel](#)

Bellefontaine Neighbors

St. Louis County

Missouri, USA



Cemetery Photo

Added by: [Clara & Terry L. Luster, Sr.](#)

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

Created by: [Susan Ing](#)

Record added: Jan 16, 2013

Find A Grave Memorial# 103677338

