

JUL 27 1928

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

Do not use this space.

21782

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Koch (No. _____)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. _____
Registered No. 219
St. _____ Ward _____

2. FULL NAME Anton Windisch

(a) Residence No. 4428 North Broadway Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred x yrs. 10 mos. 14 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Mary Windisch6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20, 1901

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

27310

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith's Helper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

10. NAME OF FATHER

Antonine Windisch11. BIRTHPLACE OF FATHER (CITY OR TOWN) Austria
(STATE OR COUNTRY)12. MAIDEN NAME OF MOTHER Edna (Unknown)13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Austria
(STATE OR COUNTRY)

14.

INFORMANT R. Koch Hospital Records
(Address) Koch Mo.

15.

June 30, 1928 L. C. O'Brien, M. D.
FILED _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1928

17.

I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1927 to June 30, 1928
that I last saw him alive on June 30, 1928, and that death occurred, on the date stated above, at 4:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis23A

About _____ (duration) 1 yrs. 3 mos. _____ da.

CONTRIBUTORY* (SECONDARY)

Unknown

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____ Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Ray & Sputum

(Signed) R. K. Ehrlich M. D.

6/30/28 (Address) Koch Hospital

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Calvary Cem6/2 1928

20. UNDERTAKER

Odo Koch

ADDRESS

357 N 14th

WRITE COMPLETELY, 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.

