

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

Do not use this space.

25801

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 003
 City St Louis Mo (No. 1513) College Ave

File No.....
 Registered No. 7640 St. Ward)

2. FULL NAME

Frederick E Windmeyer
 (a) Residence. No. St. Ward.
 (Usual place of abode)

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 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 27th 1895

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
33 3 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cran Operator
 (b) General nature of industry, business, or establishment in which employed (or employer) National Lead Co
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Francis Windmeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Louise Remmey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis Mo
 (STATE OR COUNTRY)

14. INFORMANT Mrs Edna L Windmeyer
 (Address) 1513 College Ave

15. FILED 11 25 1928 W E Starker Jr
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23rd 1928

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1928 to July 23, 1928
 that I last saw him alive on July 23rd 1928 and that death occurred, on the date stated above, at 7:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis and pneumonia
W.P.

CONTRIBUTORY (SECONDARY) SI
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

1. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) 9 Mary Ann M. D.
 , 19 (Address) 1918 1/2 1st Ave

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethany DATE OF BURIAL July 26 1928

20. UNDERTAKER Math Herrmann & Son 4103rd Flourissant ADDRESS

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

THIS IS A PERMANENT RECORD

