

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

Do not use this space.

31676

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo (No.....) (Ward.....)

Registration District No. 701
Primary Registration District No. 1973

File No.....
Registered No. 9329

2. FULL NAME

(a) Residence. No. 4057 A North Broadway 26 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. (If nonresident, give city or town and State)

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 Johanna Windisch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22, 1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>35</u>	<u>8</u>	<u>5</u>	

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

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

10. NAME OF FATHER Florian Windisch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Austria Hungary
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rose Wittschitzin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Austria Hungary
(STATE OR COUNTRY)

14. INFORMANT Johanna Windisch
(Address) 1207 1/2 N. Broadway

15. SEP 28 1930 FILED Max Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 27 12³⁰ 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 24-30 Sept. 24, 1930, to Sept. 26, 1930 that I last saw him alive on Sept. 26 6 PM, 1930, and that death occurred, on the date stated above, at 12:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

12 1/2 hrs
59
Gangrenous appendicitis
(duration) 3 yrs. 0 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Stabbed insect
(duration) 3 yrs. 0 mos. 0 ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF Sept 24 30 5 PM
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) F. Reder, M. D.

, 19 (Address) University Club Bldg

*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 Cabany Cemetery DATE OF BURIAL Sept 28 1930

20. UNDERTAKER Edward Koch ADDRESS 3516 N. 14th St

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.

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