NOV 28 1930

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

Do not use this space.

34092

1. PLACE OF DEATH
County St. Louis
Township Richmond Hts.
City St. Louis, Co. (No. St. Mary's Hospital St. Ward)
Registration District No. 1170
Primary Registration District No. 6248 H
File No.
Registered No. 257

2. FULL NAME Emilie Windhorst
(a) Residence. No. 2038 Switzer Ave. Jennings Mo. 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: Female
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: William Windhorst

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 30 1863

7. AGE: Years 67 | Months — | Days 26 | If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Fred. Eggert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Sophie Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Wm Windhorst
(Address) 2038 Switzer Jennings Mo

15. FILED 10/28 1930 C. K. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 26 1930.

17. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1930, to Oct. 25, 1930 that I last saw her alive on Oct. 25, 1930, and that death occurred, on the date stated above, at 12:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
cholecystitis
toxic adenoma of thyroid gland
(duration) 12 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): myocarditis chronic
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct. 24. 30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? x-ray and operation
(Signed) Dr Hermann Maas, M. D.
Oct. 28. 1930 (Address) 520 Metropolitan

*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: Black Jack Mo.
DATE OF BURIAL: Oct. 29 1930

20. UNDERTAKER: Theo. W. Beiderwieden
ADDRESS: St. Louis 1936

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.