

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.

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

Do not use this space.

14018

1. PLACE OF DEATH

County
Township
City St. Louis (No. 1457-82nd)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 3345
St. Ward)

2. FULL NAME

(a) Residence, No. 1457-82nd St., 25 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 - 1872

7. AGE YEARS 60 MONTHS 2 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Gottfried Prober

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Leta Windharst (ADDRESS) 1457-82nd

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Crematory DATE Apr 7 1932

19. UNDERTAKER Wacker, Golderer (ADDRESS) 2331 - 8th Broadway

20. FILED APR - 5 1932 Missouri Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 4 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1932, to 4-4, 1932

I last saw her alive on 4-3, 1932 Death is said

to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary arteriosclerosis with
myocardial infarction

Other contributory causes of importance: (1)

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Leo V. Gowin, M. D.

(Address) 2836 - Chouteau
St. Louis Mo

