

REC'D FEB 10 1939

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

646  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003** Registered No. **646**  
(c) City St. Louis (d) Street No. St. John's Hosp. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Peter Windberg Sr.

(a) Residence, No. 318 Lami St. **23**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Barbara Windberg</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan. 18, 1879</b>				
7. AGE	YEARS <b>60</b>	MONTHS <b>0</b>	DAYS <b>2</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Blacksmith</b>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN)..... <b>Rumania</b> (STATE OR COUNTRY)			
	13. NAME <b>Unknown</b>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN)..... <b>Unknown</b> (STATE OR COUNTRY)			
	15. MAIDEN NAME <b>Unknown</b>			
16. BIRTHPLACE (CITY OR TOWN)..... <b>Unknown</b> (STATE OR COUNTRY)				

17. INFORMANT Peter Windberg Jr.  
(ADDRESS) **318 Lami**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **N. St. Marcus** DATE **Jan. 23, 1939**

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle  
(ADDRESS) **2331 S. Broadway**

20. FILED **JAN 20 1939**  
*J. D. Brudick*  
Agent Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 20, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 10 - 1938 to Jan 20, 1939**  
I last saw him alive on **Jan 18, 1939** Death is said to have occurred on the date stated above, at **8:00 a. m.**

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

**Cancer of Prostate Gland 8 mo**

Other contributory causes of importance:

**Metastases in the lungs  
Lungs and neck 2 mo**

Name of operation **no** Date of.....  
What test confirmed diagnosis? **Examination** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... 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) **John M. H. Deane** M. D.  
(Address) **816 Metropolitan Bldg**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Robert Sewhale*

....., or by .....

Registered Apprentice No. *Robert* ....., working under my personal supervision.

Signed.....

*Robert Sewhale*

Licensed Embalmer No. *2128*

P. O. Address.....

*W. H. Sewhale*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**