

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Form 6-17-39
U. S. G. P. 1939

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JUL 12 1939 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

20751

Registration District No.

1008

Primary Registration District No.

Registrar's No.

5595

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME Winnie Namendorf

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Chas. H. Namendorf 6. (c) Age of husband or wife if alive unk years
 7. Birth date of deceased unk
(Month) (Day) (Year)

8. AGE: Years abt. 73 Months Days If less than one day
 hr. min.

9. Birthplace Dayton, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name John Glaser 6
 13. Birthplace Germany 6
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. A. Herbig

(b) Address 5816 Waterman Ave.

17. (a) Entombment (b) Date thereof 6/26/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JUN 24 1939 (b) J. D. Budek
(Date when local report filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5321 Delmar Blvd.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
 year 1939 hour 9 A M minute..... M.

21. I hereby certify that I attended the deceased from June 6-1939
 to June 23 1939
 that I last saw her alive on June 23 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cerebral Embolism

Due to Chronic Endocarditis

Due to Chronic Myocarditis

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence.....

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature Engel J. O'Quay (M. D. or other) MD

Address unknown Date signed 6/23/39

PHYSICIAN

Underline the cause to which death should be charged statistically.

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W. Henry Eymck*.....
Licensed Embalmer No. *1284*.....
P. O. Address *St. Louis Mo.*.....

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.