

No. 2
12-40
17-39
X23159

State File No.

DEC 22 1941 791

Registration District No.

Primary Registration District No.

Registrar's No. 8836

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lutheran Hospital 17
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one week
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME August L. Wind

3. (b) If veteran, name war *****

3. (c) Social Security No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 3 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 3 2 _____ hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business.....

MOTHER FATHER { 12. Name Anton Wind

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Fredericka Richter

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry E. Wind

(b) Address 2917a Leffingwell

17. (a) Burial (b) Date thereof Nov 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home

(b) Address 1936 St. Louis Ave.

19. (a) NDV (b) J. F. Brudeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2917a Leffingwell
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3
year 1941 hour 4:15 minute A M.

21. I hereby certify that I attended the deceased from August 1
1941 to November 3, 1941;
that I last saw him alive on November 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive encephalopathy 2 wks

Due to high blood pressure

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

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

Inc While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. Neubauer (M. D. or other)

Address 3651 Grandel Sq. Date signed 11-6-41

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

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.....

Licensed Embalmer No. *2737*

P. O. Address *1936 St. Louis*

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, fact should be so stated above.