

S. No. 2  
M-4-13-40  
T. 5-17-39  
P-I X23159

1911

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 40

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

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:  
**City 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..... **Alexander Windmuller**

3. (b) If veteran, name war..... **no**

3. (c) Social Security No. **499-01-3629**

4. Sex..... **Males**

5. Color or race..... **White**

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

6. (b) Name of husband or wife..... **Annd Windmuller**

6. (c) Age of husband or wife if alive..... **63** years

7. Birth date of deceased..... **July 15, 1878**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>63</b>	<b>5</b>	<b>17</b>	..... hr. .... min.

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

10. Usual occupation..... **Laborer**

11. Industry or business.....

MOTHER { 12. Name..... **Jacob Windmuller**

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

14. Maiden name..... **Amelia Geisner**

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

16. (a) Informant..... **Mrs. Annd Windmuller**

(b) Address..... **2910 S. Broadway**

17. (a) **Cremation** (b) Date thereof..... **Jan. 5/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mo. Crematory**

18. (a) Signature of funeral director..... **Heick Bros. Und. Co.**

(b) Address..... **2201 S. Grand Bl.**

19. (a) **Jan 2 1942** (b) **J. F. Bredeek**  
(Date received local registrar) (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. **2910 S. Broadway**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Jan** day..... **1**  
year..... **1942** hour..... **3** minute..... **30** A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death..... **Subdural hemorrhage of brain (old) Terminal Broncho Pneumonia.**  
Whether the result of striking his head upon the windshield of a tractor being driven by one Charles Warnick which stopped suddenly on 11th Str. just south of Spruce Str. Sept. 2, 1941 (exact time unknown), or the result of natural causes could not be ascertained.

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

Major findings:  
Of operations..... **g3a**

Of autopsy..... **o 2a**

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?.....

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

23. Signature..... **Thomas F. Callahan** (M.D. or other)  
Address..... **Deputy Coroner** Date signed..... **1/3/42**

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**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.....

*Wm A Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

**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.**