S. No. 2
M—5-42
. 5-17-39
I X32873

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31462

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 1918

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
O'Sullivan Nursing Home 4
(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)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo. (b) County 0 St. Louis

(c) City or town Normandy 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3715 St. Anns Lane
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Elizabeth Windmuller

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased June (Month) 19 (Day) 1848 (Year)

8. AGE: Years 94 Months 2 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Home

11. Industry or business .....

FATHER
12. Name Alexander Windmuller
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Catherine Steinmel
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant R. L. Windmuller
(b) Address 402 ~~4002~~ Arcade Bldg.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) SEP 15 1942 (Date received [illegible]) (b) [illegible] McGonagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1942 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 21, 1941, to Sept 13, 1942, that I last saw her alive on Sept. 13, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure — General arteriosclerosis

Due to: Carcinoma metastasis to Stomach

Due to: Pri. cancer on skin on forehead

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

Major findings:
Of operations 53
Of autopsy .....

Duration: 2 yr.

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 Dr Cw Salvin (M.D. or other) Do

Address 7320 Florissant Rd Date signed Sept 14, 1942

707 (Licensed Embalmer's Statement on Reverse Side)

P320 Florissant Rd
2-5 P.M.

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 Albert R. Thompson Jr.

Licensed Embalmer No. # 4237

P. O. Address .....

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.