V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32974

Registrar's No. 8662

1. PLACE OF DEATH:

(a) County St. Louis City

(b) City or town Moberly — Mo. S. Sowa
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or Institution 1 Day
(Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 913 N. Morley Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Lee Windsor

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wheeler B. Windsor

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June (Month) 14th (Day) 1889 (Year)

8. AGE: Years 55 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Slater Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Unknown Agee

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

14. Maiden name Unknown

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

16. (a) Informant W. B. Windsor

(b) Address Moberly Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-11-44 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave

19. (a) 10-11-44 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th year 1944 hour 11 minute 45 A.M.

I hereby certify that I attended the deceased from October 9th, 1944 to October 10th, 1944 that I last saw her alive on Oct. 10 — 11:44 AM 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Increased intracranial pressure associated c respiratory failure.	
Due to Respiratory failure — associated c brain tumor Malignancy — nature	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

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Major findings:
Of operations No operation

Of autopsy Evidence of increased intracranial pressure but no gross lesion

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 F R Bradley (M. D. or other)

Address Barnes Hospital, Date signed 10-10

(Licensed Embalmer's Statement on Reverse Side)

8662

8662

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 John Iganoshi

Licensed Embalmer No. 3398

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.