

U.S. No. 2
OM-5-43
REV. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 317 Primary Registration District No. 6076 State File No. 21473/
Registrar's No. 1410

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Mattese, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R8 Box 518
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 10 Years
years, months or days)

3. (a) PRINT FULL NAME Josephine F. Windey
3. (b) If veteran, name war no. 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 10 1859
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Lokerew Belgium
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Edward Windey

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

14. Maiden name Johana Braun

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

16. (a) Informant R. F. Windey
(b) Address R 8 Box 518 Lemay, Mo.

17. (a) Burial (b) Date thereof 7/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa
19. (a) 7-5-46 (b) Ed M. G...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Louis
(c) City or town Mattese
(If outside city or town limits, write "RURAL")
(d) Street No. R. 8 Box 518
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Belgium

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 27
year 1946 hour 6 minute 45 P.
21. I hereby certify that I attended the deceased from Sept 10-44
19. to June 15 19. 46
that I last saw her alive on July 5 19. 46
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Broncho pneumonia
Due to Chronic Nephritis
Due to 131st

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Walter L. Kelley (M. D. or other)
Address 9915 Shavano Date signed 6/29/46

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

9915 Shavano 2-3-46

20386

Oscar J Hoffmeister Undertaking Co.

Address 4016 Chippewa at Gravois

St. Louis, Mo.

JUL 1 1946

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the following described corpse:

Full name Josephine F. Windey Race White

Place and date of death Mattese Mo., June 27, 1946,

Physician (or Coroner) signing Certificate Walter L. Kelley, M. D.

Place and date of Embalming 4700 Washington June 27, 1946,

Remarks

Signed Elmo R. Sadwell Missouri License No. 4077

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

working under my personal supervision. Registered Apprentice No.

Signed

Licensed Embalmer No.

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.