S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14797

Registrar's No. 3487

**1. PLACE OF DEATH:**

(a) County: St Louis

(b) City or town: No (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: 13 days (Specify whether years, months or days)

In this community:

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: 009

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 4829 Cote Brilliante Ave (If rural, give location) 9

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

If yes, name country:

3. (a) PRINT FULL NAME: Herman Henry Windmann

3. (b) If veteran, name war: None

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: April (Month) 17 (Day) 1879 (Year)

8. AGE: Years 68 Months 11 Days 24 If less than one day hr. min.

9. Birthplace: (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation: Carpenter

11. Industry or business:

MOTHER FATHER

12. Name: Unknown 4

13. Birthplace: (City, town, or county) Unknown (State or foreign country) 4

14. Maiden name: Unknown 4

15. Birthplace: (City, town, or county) Unknown (State or foreign country) 4

16. (a) Informant: Emil Winkle

(b) Address: 4527 Holly Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-13-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Zions Cemetery

18. (a) Signature of funeral director: Math. Hermann & Son, Inc.

(b) Address: 2161 E. Fair Ave

19. (a) APR 12 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: April day: 10 year: 1948 hour: 7 minute: — A.M.

21. I hereby certify that I attended the deceased from March 29, 1948 to April 10, 1948; that I last saw him alive on April 10, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Respiratory failure | |
| Due to: Extensive pulmonary metastases from fibrosarcome of the chest wall. | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: As above | |

PHYSICIAN — Underline the cause of 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: 0

23. Signature: F R Bradley (M. D. or other)

Address: Barnes Hospital Date signed: 4/10/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

3487

## 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 William G Burkholz.

Licensed Embalmer No. 2110

P. O. Address St. Louis Mo.

**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.