

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 856

Registration District No. 111

Primary Registration District No. 5435

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town "Rural" Boeuf Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Drake, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 52 years
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME William Henry Windhorst

3. (b) If veteran, name war WW 3. (c) Social Security No. 3-2-2

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah Jane Reed Windhorst 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased November 8 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name William H. Windhorst
13. Birthplace Price Minnesota
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte Meyer
15. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Windhorst
(b) Address Drake, Missouri

17. (a) Burial (b) Date thereof 1-13-'49
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery Washington, Missouri

18. (a) Signature of funeral director Melford H. H. Winter
(b) Address Owensville Mo.

19. (a) 1-13-49 (b) Ed. Windmiller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Drake
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10, year 1949 hour 8 minute 52 A.M.

21. I hereby certify that I attended the deceased from Feb. 17, 1948 to Jan. 10, 1949
that I last saw him alive on Jan. 10, 1949
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 4 days
Due to Arthritis deformans 11 mo.

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

Major findings: Of operations 522x
Of autopsy 522x
PHYSICIAN 522x
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?
While at work? (Specify type of place) (e) Means of injury 2

23. Signature Ed. G. Feter, D.O. (M. D. or other)
Address Herman, Mo. Date signed 1/14/49

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 8 1949

FEB 11 1949

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Maynard H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.