

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28690

7613

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS, MO</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS, MO</u>		d. STREET ADDRESS (If rural, give location) <u>W.R. - 6519 SAN BONITA</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LUKES HOSP</u>				4. DATE OF DEATH <u>1949</u> (Day) (Year) <u>Sept 31 1949</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) <u>J.</u>		c. (Last) <u>WINDLER</u>		5. SEX <u>MALE</u>			
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 28-1888</u>		9. AGE (In years last birthday) <u>61</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WHOLESALE FLORIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FLORIST</u>		11. BIRTHPLACE (State or foreign country) <u>ST LOUIS, MO</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>WINDLER</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>BERNEICE</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNK</u>		16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Berneice Windler</u>		ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis</u> <u>Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>11:30 AM</u>					
22. I hereby certify that I attended the deceased from <u>Aug 1</u> , 1949, to <u>Aug 1</u> , 1949, that I last saw the deceased alive on <u>Aug 1</u> , 1949, and that death occurred at <u>9:20 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>William L. Sunderman</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>4943 North Bridge Blvd</u>		23c. DATE SIGNED <u>9/1/49</u>			
24a. FLORIAL CREMATION REMOVAL (Specify) <u>Special</u>		24b. DATE <u>SEPT 2-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT OLIVE</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>			
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>J. B. Sater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. J. Croghan & Son</u>					

(Licensed Embalmer's Statement on Reverse Side)

Handwritten mark

8192

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. Allen Davis Jr.*

Licensed Embalmer No. *4053*

P. O. Address *St. Louis*

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

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