No. 300
10.49

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

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39840

Registrar's No. 04581

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Jennings
c. LENGTH OF STAY (in this place) 45 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2038 Switzer Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jennings
d. STREET ADDRESS (If rural, give location) 2038 Switzer

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle)
c. (Last) Windhorst

4. DATE OF DEATH (Month) (Day) (Year) December 1, 1949

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower
8. DATE OF BIRTH February 12, 1860
9. AGE (In years last birthday) 89 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY Road Man
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Emilia Windhorst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Steinbruegge **ADDRESS** 915 Elias

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] cardiac — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocarditis

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1949 *to* Dec 1, 1949, *that I last saw the deceased alive on* Dec 1, 1949 *and that death occurred at* 7:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] **(Degree or title)** M.D.
23b. ADDRESS 1918 East Grand
23c. DATE SIGNED 12-2-49.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-5-49.
24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery
24d. LOCATION (City, town, or county) (State) Black Jack, Missouri.

DATE REC'D BY LOCAL REG. 12-3-49
REGISTRAR'S SIGNATURE Herbert R. Domke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. **ADDRESS** 2161 E. Fair Ave.
(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G Bussley

Licensed Embalmer No. 4202 D

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.