

DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40013

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 60

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

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Elkhorn)	
c. LENGTH OF STAY (In this place) 2 mos.		d. STREET ADDRESS (If rural, give location) north of Warrenton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memo. Home			
3. NAME OF DECEASED (Type or Print) a. (First) Louisa		b. (Middle) Elizabeth	
		c. (Last) Windmann	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1949			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 12, 1856
		9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months Days
		IF UNDER 1 YEAR Hours Min.	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Warren County, Mo.
			12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Pape		13b. MOTHER'S MAIDEN NAME Catherine Bonning	14. NAME OF HUSBAND OR WIFE Wm. Windmann, decd.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Henry Vahle, Warrenton, Mo.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ^(a) Hypertensive cardio-vascular renal disease w/ chronic myocarditis 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) Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4. Sclerosis	
		INTERVAL BETWEEN ONSET AND DEATH 4420X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 19 1949 , to Nov 21, 1949 , that I last saw the deceased alive on Nov 20, 1949 , and that death occurred at 11:5 P m. , from the causes and on the date stated above.			
23a. SIGNATURE Wm. J. Holzner M.D.		23b. ADDRESS Warrenton Mo.	23c. DATE SIGNED Nov 22/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-25-49	24c. NAME OF CEMETERY OR CREMATORY Steinhagen Ev. Church	24d. LOCATION (City, town, or county) (State) Warrenton County, Mo.
DATE REC'D BY LOCAL REG. 11-25-49	REGISTRAR'S SIGNATURE Flayd Logan	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 29 1949
District Health Officer No. 2
District File Number

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 John J. Hielberg

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.