S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

317

15219

State File No.

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. 3063 Registrar's No. 878

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): I day
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis County Hospital

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): Oakville 4850
d. STREET ADDRESS (If rural, give location): Rt.9, Box635 Baumgartner Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): CASPER
b. (Middle): PHILIP
c. (Last): WIND

4. DATE OF DEATH (Month) April (Day) 4 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 19, 1895
9. AGE (In years last birthday): 54
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): Caretaker
10b. KIND OF BUSINESS OR INDUSTRY: St. Paul Cemetery
11. BIRTHPLACE (State or foreign country): Oakville, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Casper Wind
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Pauline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Pauline Wind Baumgartner Rd, Oakville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Lung (Primary?) — INTERVAL BETWEEN ONSET AND DEATH: About 6 ½ mos

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: Arteriosclerotic Heart Disease
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, Lobar

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 16, X
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) m.
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* April 3, 1950, *to* April 4, 1950, *that I last saw the deceased alive on* April 4, 1950, *and that death occurred at* 2 50 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE John F. Gomes, M.D. (Degree or title)
23b. ADDRESS 601 S. Brentwood, Clayton 5, Mo.
23c. DATE SIGNED 4-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 7, 1950
24c. NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery
24d. LOCATION (City, town, or county) (State): Oakville, Missouri

DATE REC'D BY LOCAL REGISTRAR: APR 4 1950
REGISTRAR'S SIGNATURE: Herbert R. Domke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. Hoffmeister U&L Co. 7814 S. Broadway

(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 Lucius C. Hoffmeis

Licensed Embalmer No. 3871

P. O. Address 7814 S. Boos

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.