

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25428  
State File No. 6576

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 12 days		2189	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist Hosp.		18. STREET ADDRESS (If rural, give location) 4320 Swan.	

3. NAME OF DECEASED (Type or Print) a. (First) Catherine	b. (Middle) Windecker	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 7 30 1950
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 5/12-1871	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY AT Home	11. BIRTHPLACE (State or foreign country) Des Peres mo	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Jacob Rauscher	13b. MOTHER'S MAIDEN NAME Wilhelmina Groetke	14. NAME OF HUSBAND OR WIFE George
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME George Windecker	ADDRESS 4069 Cathlamet
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Coronary Artery Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Polio		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Numerous Coronary Arteries	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 156A
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22. I hereby certify that I attended the deceased from July 20, 1950, to July 30, 1950, that I last saw the deceased alive on July 30, 1950 and that death occurred at 5 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. B. Basanta	(Degree or title)	23b. ADDRESS 2500 So Kings Highway	23c. DATE SIGNED 8-1-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-2-1950	24c. NAME OF CEMETERY OR CREMATORY ST Paul Ev. Lutheran	24d. LOCATION (City, town, or county) (State) Des Peres MO
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DATE REC'D BY LOCAL REG. AUG 2 1950	REGISTRAR'S SIGNATURE J. B. Basanta	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6576

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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 *Howard H. Rowland* .....

Licensed Embalmer No. *3114* .....

P. O. Address *OT Paris 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.