

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14920

State File No. 3823

BIRTH NO. 26319-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO - b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO -	c. LENGTH OF STAY (in this place) 2 hrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO -	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hosp.		d. STREET ADDRESS (If rural, give location) 4646 Pennrose	

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) Linda Infant WINDISH			4. DATE OF DEATH (Month) (Day) (Year) X 23 51		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 4/23/51		9. AGE (In years last birthday) # UNDER 1 YEAR Months Days # UNDER 6 HRS. Hour Min. 2
10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Walter Windish		13b. MOTHER'S MAIDEN NAME Dorothy Robinson		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Windish 4646 Pennrose			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity	DUE TO (b)			2 hrs.
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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 type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 776X			
22. I hereby certify that I attended the deceased from April 23, 1951, to April 23, 1951, that I last saw the deceased alive on April 23, 1951, and that death occurred at 1:10 P.M., from the causes and on the date stated above.					

23a. SIGNATURE OF JOP LAY (Type or title) J. B. Fosater		23b. ADDRESS 4222 N. Grand		23c. DATE SIGNED 4-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/24/51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO		

DATE REC'D BY LOCAL REG. APR 24 1951	REGISTRAR'S SIGNATURE J. B. Fosater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ed. Kochson 3516 N. 14th St.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Not Embalmed

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.