No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1952

State File No. 26502

BIRTH NO. 43877 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6773

1. PLACE OF DEATH
a. COUNTY ST. LOUIS MO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO
c. LENGTH OF STAY (In this place) 6 HRS - 55 MIN
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CHILDREN'S HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY PIKE
c. CITY OR TOWN LOUISIANA
d. STREET ADDRESS (If rural, give location) 716 WASHINGTON

0821

3. NAME OF DECEASED (Type or Print)
a. (First) MICHAEL
b. (Middle) ALLEN
c. (Last) WINDMILLER

4. DATE OF DEATH (Month) (Day) (Year) 7-12-52

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH 7-11-52
9. AGE (In years last birthday) 0 — IF UNDER 1 YEAR: Months / Days 1 — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME PAUL H. WINDMILLER
13b. MOTHER'S MAIDEN NAME MARJORIE ECKERT
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME J. EGAN — **ADDRESS** 500 So. KINGSHIGHWAY

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) Prematurity due to twinning — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atelectasis — 1 day
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 ☐ 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?

7625

22. *I hereby certify that I attended the deceased from* 7-12, 1952, *to* 7-12, 1952, *that I last saw the deceased alive on* 7-12, 1952, *and that death occurred at* 11:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm. G. Klingberg MD
23b. ADDRESS St. Louis Childrens
23c. DATE SIGNED 7-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 7-13-52
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) (State) Clarksville Mo

DATE REC'D BY LOCAL REG. JUL 14 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
MDB

25. FUNERAL DIRECTOR'S SIGNATURE Brown Fun. H. — **ADDRESS** Clarksville Mo

(Licensed Embalmer's Statement on Reverse Side)

1114..

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 Not embalmed

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.