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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

36414
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9815

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: Hamilton Con. Home — Length of stay in 1b: 4 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
STREET ADDRESS (If outside, give location): 1112 Hornsby Ave — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First HENRY Middle A. Last WIND
4. DATE OF DEATH: Month Oct. Day 26, Year 1956
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Oct. 20, 1876
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 0 Days 6 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): packer
10b. KIND OF BUSINESS OR INDUSTRY: Shapleigh Hard.
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Herman Wind
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Elizabeth Wind Address: 1112 Hornsby Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Thrombosis of the right internal
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carotid artery or its branches
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 12-14 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 454X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 25 Oct. 1956, to 26 Oct 1956 and last saw ~~not~~ him alive on 26 Oct. 1956
Death occurred at 26 Oct 1956 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John O. McKee (Degree or title) MD
22b. ADDRESS: 1127 Pine St. St. Louis Mo
22c. DATE SIGNED: 10/27/56

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Oct 29 1956
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Bromschwig and Son / ADDRESS: 4746 W Florissant
25. DATE RECD. BY LOCAL REG.: OCT 27 1956
26. REGISTRAR'S SIGNATURE: J Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Pa 1-6166
1127 Pine
D. McNeil

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed G. W. Wilkinson

Licensed Embalmer No. 35

P. O. Address N. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.