

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

1172

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City St. Louis Mo. (No. 3612)

Registration District No. 599  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 196  
St. \_\_\_\_\_ Ward

**2. FULL NAME**

Mrs. Monema D. Windwater  
(a) Residence, No. 3612 Benton Blvd. Ward 16  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. J. Windwater

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-17-1834

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>93</u>	<u>1</u>	<u>1</u>	<u>18</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Oliver Bales

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER Susan Boatwigh

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Mrs. D. Windwater  
(Address) Montana Mo.

15. FILED Jan 16 1928 M. M. Cassie REGISTRAR  
Asst

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-15 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 4 1927, to Jan 15 1928 that I last saw h. alive on Jan 15 1928, and that death occurred, on the date stated above, at 6 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

myocarditis chronic  
90 (duration) 3 yrs. mos. ds.  
CONTRIBUTORY Cerebral softening & arterial  
(SECONDARY) sclerosis (duration) 2 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical symptoms

(Signed) M. Butler M. D.  
1/16 1928 (Address) 3700 Benton Blvd.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Knothroster Mo DATE OF BURIAL Jan-17-1928

20. UNDERTAKER St. Lawrence's Sons ADDRESS St. Louis Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

Wills - 1390

10<sup>30</sup> William

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