

REC'D MAR 13 1939

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

4958
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City St. Louis, (d) Street No. St. Johns Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **CHRISTIAN A. WINDMULLER.**

(a) Residence, No. **4948 McPherson,** St. **12** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Eva Jenny Windmuller**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 19th 1860**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis,** (STATE OR COUNTRY) **Missouri**

13. NAME **Alexander Windmuller.**

14. BIRTHPLACE (CITY OR TOWN) **Bonn,** (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Kathleen Steinmel.**

16. BIRTHPLACE (CITY OR TOWN) **Bonn,** (STATE OR COUNTRY) **Germany**

17. INFORMANT **Robt. L. Windmuller.** (ADDRESS) **7001 Cornell, University City**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine Cem.** DATE **Feb. 22nd 1939**

19. FUNERAL DIRECTOR (NAME) **C.R. Lupton & Sons** (ADDRESS) **7233 Delmar, University City, Mo.**

20. FILED **FEB 20 1939** **J. B. Prichard** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 19th 1939**

22. I HEREBY CERTIFY, That I attended deceased from **April**, 19**36**, to **2-19-**, 19**39**

I last saw him alive on **2-19-**, 19**39** Death is said to have occurred on the date stated above, at **5 P. M.**

The principal cause of death and related causes of importance were as follows:

Arterio Sclerotic Heart Disease

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) **Carl J. Klein**, M. D.
(Address) **3604 Washington**

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.

THIS IS A PERMANENT RECORD

Dr. O.P.J. Falk
3604 Washington
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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.....

Clarence H. Murray....., Registered Apprentice No.....
working under my personal supervision.

Signed *Clarence H. Murray*.....

Licensed Embalmer No. *4011*

P. O. Address *St. Louis 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, above space should be left blank.