

19 AUG 25 1940
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6464**

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: H G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days / 1
(Specify whether)

In this community 12 years
years, months or days

8. (a) PRINT FULL NAME Effie Windsor **532**

3. (b) If veteran, name war NONE **3. (c) Social Security No.** NONE

4. Sex FEMALE **5. Color or race** NEGRO **6. (a) Single, widowed, married, divorced** wid

6. (b) Name of husband or wife Tony **6. (c) Age of husband or wife if alive** years

7. Birth date of deceased JANUARY 22, 1886.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>6</u>	<u>7</u>	<u>hr.</u> <u>min.</u>

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework. 0

11. Industry or business 0

MOTHER FATHER

12. Name Louis Windsor.

13. Birthplace Missouri. 0
(City, town, or county) (State or foreign country)

14. Maiden name Angelina Carr.

15. Birthplace Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Windsor.

(b) Address 3131 Caroline.

17. (a) Burial Burial **(b) Date thereof** 8/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MONTGOMERY, MO.

18. (a) Signature of funeral director O. W. Caputo

(b) Address 3035 Duquesne

19. (a) JUL 31 1940 **(b)** J. F. Bredeck
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St Louis 18
(If outside city or town limits, write "RURAL")

(d) Street No. 3131 Caroline 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1940 hour 6:25 minute A M.

21. I hereby certify that I attended the deceased from July 21, 1940 to July 29, 1940;
that I last saw her alive on July 29, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arterio-sclerosis, Hypertension, Cardiac Decompensation

Duration 10yrs

Due to _____

Due to _____

Other conditions 0
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. W. Johnson **(M. D. or other)** _____

Address 601 N. Whittier **Date signed** _____

WRITE PLAINLY—USE 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 me

Chas. Garnie

, Registered Apprentice No. 2349

working under my personal supervision.

Signed

Chas Garnie

Licensed Embalmer No. 2349

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, above space should be left blank.