

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9039**

**FILED DEC 11 1940**

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 rural locality)  
 (c) Name of hospital or institution: Firmin Desloge Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME George A. Windecker

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Windecker 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased. Jan 26th 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>9</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business Blacksmith

12. Name John Windecker

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

14. Maiden name Unknown

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

16. (a) Informant Katherine Windecker

(b) Address 4320 Swan Ave.

17. (a) Burial (b) Date thereof 11-4-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desperes Mo.

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 2 1940 (b) J.F. Bredbeck  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis 18  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4320 Swan Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31st  
 year 1940 hour 5:30 minute P.M. M.

21. I hereby certify that I attended the deceased from Oct 22nd, 1940, to Oct 31st, 1940;  
 that I last saw him alive on Oct 31st, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease

Due to \_\_\_\_\_

Due to Chr. Arteriosclerosis 10 yrs +

Other conditions Large left inguinal hernia 10 yrs +

(Include pregnancy within 3 months of death)

Major findings: 95 B 2

Of operations \_\_\_\_\_

Of autopsy none made

PHYSICIAN \_\_\_\_\_

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? \_\_\_\_\_

23. While at work? \_\_\_\_\_ (Specify type of place)  
 (s) Means of injury \_\_\_\_\_

Signature Albert J. Mott (M. D. or other) \_\_\_\_\_

Address 2739 No Grand St Date signed 11-1-40

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Edwin M. Heruath*.....

Licensed Embalmer No. *3024*.....

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:**