No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

F 0520 State File No. 26149

FILED AUG 8 1941

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 1607

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

16
5
3

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Maplewood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 12 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 5347 Lotus (If rural, give location) 9
(e) If foreign born, how long in U. S. A.? — 1 years.

3. (a) PRINT FULL NAME Verlie White
3. (b) If veteran, name war —
3. (c) Social Security No. 492-07-3887
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 30 (Day) 1888 (Year)

8. AGE: Years 53 Months — Days — If less than one day hr. min.

9. Birthplace (City, town, or county) Del (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Henry Windleken
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Pence
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Hy White
(b) Address 5347 Lotus
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill
18. (a) Signature of funeral director Fred M Williams
(b) Address 4535 Washington
19. (a) AUG 1 - 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1941 hour 7:30 minute A M.
21. I hereby certify that I attended the deceased from May 26, 1941 to July 29, 1941 that I last saw her alive on July 29, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of esophagus.	5/26/41 to 7/29/41
Due to Don't know	
Due to Don't know	
Other conditions none (Include pregnancy within 3 months of death) 46a	
Major findings: Of operations	
Of autopsy	

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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Walter H Spoeneman M.D. (Specify type of place)
While at work? no (e) Means of injury no
23. Signature Walter H. Spoeneman (M. D. or other) ()
Address 1506 St. Louis Date signed 7/30/41

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G. Burnley

Licensed Embalmer No. 4202.

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.