

FILED JUL 20 1942 791

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5731

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
916 Ellias Ave 1
(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 Julius Wind

3. (b) If veteran, name war _____
3. (c) Social Security No. 495-14-972

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

6. (b) Name of husband or wife Rose Wind
6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March 20th 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 ----- 3 -- 14 - _____ hr. _____ min.

9. Birthplace Austria Hungaria 8
(City, town, or county) (State or foreign country)

10. Usual occupation Bricklayer

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Wind
18. Birthplace Austria Hungaria 8
(City, town, or county) (State or foreign country)
14. Maiden name Therisa Mandel
15. Birthplace Austria Hungaria X
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Wind
(b) Address 341 Christian Ave 1943

17. (a) Burial (b) Date thereof July 7th
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14th Str

19. (a) JUL 6 1942 J.F. Prodeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17
(c) City or town St. Louis 48
(If outside city or town limits, write "RURAL")
(d) Street No. 341 Christian Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1942 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull
Fracture of skull when
he fell from a roof while
repairing the chimney
at 916 Ellias Ave about
11:30 A.M. July 4, 1942

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

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) Accident
(b) Date of occurrence July 7, 1942
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrious

While at work? Yes (Specify type of place) (e) Means of injury fall

23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 7/6/42

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

94
00
17
9

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Pennsylvania

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.