

S. No. 2
 DM-542
 v. 5-17-39
 P. I. X32873

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

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39501

FILED JAN 14 1943

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10782**

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:
ST. LOUIS CITY SANITARIUM
 (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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County 19
 (c) City or town ST. LOUIS 723
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2646 OREGON AV.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME WIND, JULIUS
 (b) If veteran, name war.....
 (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month DEC day 24
 year 1942 hour 9 minute 55 P.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.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased MARCH 3 1886
 (Month) (Day) (Year)

Immediate cause of death.....
fractured hip, lobar pneumonia
suffered when deceased fell to
double floor at the City Sanitarium
on Mar 24-1942 about 12:30 Pm
 Due to.....
1/86
 Other conditions.....
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
56 9 22 hr. min.
 9. Birthplace St. Louis MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation foundry worker

11. Industry or business.....
 12. Name JULIUS WIND
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Minnie Beuth
 15. Birthplace Switzerland
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN.....
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. E. Wind
 (b) Address 2646 OREGON
 17. (a) BURIAL (b) Date thereof Dec 26-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place; burial or cremation new St. Markus
 18. (a) Signature of funeral director M. J. Croghan
 (b) Address 7146 Washington
 19. (a) DEC 26 1942 (b) J. A. Beudeck
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 12-24-42
 (c) Where did injury occur? St Louis MO
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
City Sanitarium
 (Specify type of place)
 While at work?..... (e) Means of injury.....
 Signature W. H. Perry (M.D. or other)
 Address St Louis Date signed 12/26/42

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 Welford G. Burnley
Licensed Embalmer No. 4202
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, fact should be so stated above.