

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4569**

FILED JUN 7 1943

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution: **City Hospital**
(d) Length of stay: _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **2910 S. Broadway**
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **Ann Windmuller**
(b) If veteran, name war **no** (c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **14**
year **1943** hour **5** minute **0 P.** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Alexander Windmuller**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 17, 1878**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 **7** **27** hr. _____ min.

Immediate cause of death: **Fracture, Left Femur**
Broncho Pneumonia suffered when I deceased slipped and fell down three wooden steps to the yard in the rear of her home **Nov 15-1942** about 6 PM

9. Birthplace **Canton Ohio**

10. Usual occupation **at home**

11. Industry or business _____

12. Name **Henry Baum**

13. Birthplace **Ohio**

14. Maiden name **Julia Cooghan**

15. Birthplace **Ohio**

16. (a) Informant **Wm. Baum**

(b) Address **3366 S. Broadway**

17. (a) **Cremation** (b) Date thereof **May 17, 1943**
(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **Weick Bros.**
(b) Address **2201 S. Grand Bl.**

19. (a) **MAY 17 1943** (b) **J. F. Bradeck**
(Date received local registrar) (Registrar's signature)

Other conditions: _____
Major findings: **186**
Of operations _____
Of autopsy _____

Duration
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 **Nov-15-1942**
(c) Where did injury occur? **St. Louis MO**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Thomas F. Callahan** (M. D. or other)
Address **Deputy Coroner** Date signed **5-17-43**

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

MOTHER FATHER

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 *Wm. A. Stewart*.....

Licensed Embalmer No. 3722.....

P. O. Address. 412 Duchouquette St......

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.