

2043  
 No. 2  
 M-5-42  
 v. 5-17-39  
 X32273

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 20172  
 Registrar's No. 5310

ED. JUN 19 1943 318  
 Registration District No.

Primary Registration District No. 1003

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

00  
 17  
 9

1. PLACE OF DEATH:  
 (a) County.....  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 21 Days  
(Specify whether  
 In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County.....  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5604 Julian Avenue.  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Rudolph Windt  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 8  
 year 1943 hour 12:35 minute P.M.

4. Sex Male 0 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Sadie Kemp Windt  
 6. (c) Age of husband or wife if alive 64 years  
 7. Birth date of deceased June 24 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 19, 1943, to June 8, 1943;  
 that I last saw him alive on June 8, 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
63 11 14 hr. min.

Immediate cause of death Cerebral Thrombosis Duration  
 Due to Atherosclerosis  
 Due to 85  
 Other conditions.....  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Florist

11. Industry or business  
 12. Name Ferdinand Windt  
 13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Louise Unknown  
 15. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations.....  
 Of autopsy not done  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Sadie Kemp Windt  
 (b) Address 5604 Julian Avenue.

17. (a) Cremation (b) Date thereof 6/10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Albert H. Hoppe, Inc  
 (b) Address 4700 Washington Blvd/

While at work?.....  
(Specify type of place) (r) Means of injury  
 23. Signature E. W. Besser (M. D. or other)  
 Address 1515 Lafayette Avenue. Date signed 6/8/43

19. (a) JUN 9 1943 J. F. Prudack  
(Date received local registrar) (Registrar's signature)

---

**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..... *Henry M. Brammer* .....

Licensed Embalmer No..... *4200* .....

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.**