S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22531

Registration District No. 817 Primary Registration District No. 6076 Registrar's No. 1424

96
0
0

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. 7433 Ravinia Drive ital
(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 Missouri (b) County St. Louis 96
(c) City or town Normandy 0
(If outside city or town limits, write "RURAL")
(d) Street No. 7433 Ravinia Drive
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Herman Windway
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Zuber Windway
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased April (Month) 26 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	1	22	hr. min.

9. Birthplace Litchfield (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Herman Windway
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Willimina Weber
15. Birthplace Baden (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Anna Zuber Windway
(b) Address 7433 Ravinia Drive
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/19/43 (Month) (Day) (Year)
(c) Place: burial or cremation Litchfield, Illinois
18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,
19. (a) JUN 19 1943 (Date received local registrar) (b) E. G. McDavis MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1943 hour 3 minute 45 A M.
21. I hereby certify that I attended the deceased from Jan 24, 1943 to June 18, 1943
that I last saw him alive on June 17, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of Sigmoid with [illegible]
Due to Metastases in Liver
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
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)
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 6/18/43

(Licensed Embaner's Statement on Reverse Side)

OCT 28 19[illegible]

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.