S. No. 2
DM—2-43
v. 5-17-39
I X3569

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

State File No. 30556

FILED OCT 13 10 AM

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8716

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 2

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3734 Iowa Av. (If rural, give location) 000 17

(e) Citizen of foreign country? (Yes or No) 9

If yes, name country 0

3. (a) PRINT FULL NAME Johann Windisch

3. (b) If veteran, name war no

3. (c) Social Security No. 488-09-3102

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Theresa Windisch

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Nov. 10 1884 (Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Beer Brewer

11. Industry or business Anheuser-Busch

FATHER 12. Name Joseph Windisch

FATHER 13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER 14. Maiden name Catherine Dornhauser

MOTHER 15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Theresa Windisch

(b) Address 3734 Iowa Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-43 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial

18. (a) Signature of funeral director Witt Bros & Co.

(b) Address 2929 S. Jefferson Av.

19. (a) OCT 2 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30 year 1943 hour 1 minute 15 p. M.

21. I hereby certify that I attended the deceased from SEPTEMBER 25, 1943, to SEPTEMBER 30, 1943, that I last saw him alive on SEPTEMBER 30, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CHRONIC NEPHRITIS	2
Due to Abcess of Kidneys	2
Due to Syphilis	2
Other conditions CIRRHOSIS of LIVER. (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy All above findings

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 Julius Chas Rotter (M. D. or other) M.D.

Address 2603 CHEROKEE STR. Date signed 10-1-43

(Licensed Embalmer's Statement on Reverse Side)

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. Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S Jefferson Av

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.