

JAN 31 1945

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **664**

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:
Alexian Brothers Hospital
 (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 St. Louis
 (c) City or town West Matties Hill Rd. Lemay
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rt. 8 Butler Hill Rd.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Daniel F.C. Wind
3. (b) If veteran, No **3. (c) Social Security** No
 name war No No

4. Sex Male **5. Color or race** White
6. (e) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Wind **6. (c) Age of husband or wife if alive** 62 years
7. Birth date of deceased June 26 1881
 (Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 25
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Dan Wind
13. Birthplace Oakville Missouri
 (City, town, or county) (State or foreign country)
14. Maiden name Julie Martin
15. Birthplace Oakville Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Wind
(b) Address Rt. 8 Box 604 Lemay, Mo.

17. (a) Burial **(b) Date thereof** Jan. 24, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Mausoleum

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway

19. (a) JAN 23 1945 **(b)** J. F. Bredbeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 21
 year 1945 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 2
1942, to 1-21-45, 1945
 that I last saw him alive on 1-21-45, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 Duration sub

Due to chronic cardiac vasculas disease years _____
 Due to _____

Other conditions Causes of Acute MI 1 yr
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy none
 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? _____

23. Signature Erwin D. Creuder (M. D. or other)
Address 948 Lemay Ferry Rd **Date signed** 1/20/45
 (Specify type of place) (e) Means of injury _____

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

0
7
9

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 *Harry J. Schumacher*
Licensed Embalmer No. *2679*
P. O. Address *732 Pennsylvania*

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.