

FILED FEB 7 1945

914
State File No. 793
Registrar's No.

Registration District No. _____

Primary Registration District No. 1003

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:
6131 Etzel Avenue.
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6131 Etzel Avenue. 14
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dr. Norman M. Windsor.

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 Widowed.
6. (b) Name of husband or wife Adelaide Windsor. 6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased April 19, 1870.
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Physician.

11. Industry or business _____

12. Name John Windsor.
13. Birthplace Booneville, Missouri.
(City, town, or county) (State or foreign country)
14. Maiden name Eleanora Zollmeyer.
15. Birthplace Boonville, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Eugene Windsor.

(b) Address 6131 Etzel Avenue.

17. (a) Burial (b) Date thereof 1-27-1945.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) JAN 25 1945 (Date received by registrar) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th.
year 1945 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1970 to Jan 25 1945
that I last saw him alive on 1/27/45 and that death occurred on the date and hour stated above.

Immediate cause of death Pyloric Obstruction

Due to Cancer

Due to _____

Other conditions (Include pregnancy within 3 months of death) Hb

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature H. L. Herrieh (M. D. or other) _____

Address 508 1/2 Grand St. St. Louis Date signed 1/25/45

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

MOTHER, FATHER

Dr. H. C. Herrick.
Metropolitian Building.
Hours 1 to 3 P.M.
Telephone Jefferson 4141.

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 Ben E. Hoffmann
Licensed Embalmer No. 4366
P. O. Address St. Louis, Mo

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.