V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1945 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36022

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 10260

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

000 17 9

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri - Pacific Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 days (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17 8
(d) Street No. 4326 Chouteau (If rural, give location) 9
(e) Citizen of foreign country? ____ (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: LELAND EDEN WINDMEYER
3. (b) If veteran, name war ____
3. (c) Social Security No. 493-07-1164
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Adele Windmeyer
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: July 26, 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
51	3	29	____ hr. ____ min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country) U
10. Usual occupation: Switchman
11. Industry or business: Terminal Railroad
FATHER 12. Name: Matthew Windmeyer
FATHER 13. Birthplace: Unknown (City, town, or county) (State or foreign country) 4
MOTHER 14. Maiden name: Daisy Stock
MOTHER 15. Birthplace: Unknown (City, town, or county) (State or foreign country) 4
16. (a) Informant: Adele Windmeyer
(b) Address: 4326 Chouteau
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine
18. (a) Signature of funeral director: Edith E. Ambruster
(b) Address: 4234 Manchester
19. (a) NOV 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th year 1945 hour 2 minute 00 A.M.
21. I hereby certify that I attended the deceased from Oct 28th, 1945 to Nov. 25, 1945 that I last saw him alive on Nov. 25, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive heart disease
Due to: Congestive heart failure
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____

Duration

Major findings:
Of operations: ____
Of autopsy: ____

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: John Crowe (M. D. or other)
Address: 17555 Grand Date signed 12/2/45

(Licensed Embalmer's Statement on Reverse Side) St. Louis, Mo

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.....

Licensed Embalmer No. 1284

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.