

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **10541**
Registrar's No. **2271**

BIRTH NO. **FILED MAR 19 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3311 Pennsylvania		e. STREET ADDRESS (If rural, give location) 116 3311 Pennsylvania 2169			
3. NAME OF DECEASED (Type or Print) a. (First) Vinnie b. (Middle) E. c. (Last) Windmoeller			4. DATE OF DEATH (Month) (Day) (Year) 3/10/54		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian Pomegranate Temple Assn.		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH Oct. 16, 1892	
11. BIRTHPLACE (City and State or Foreign Country) Springfield, Mo.		9. AGE (In years last birthday) 61		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel W. Whitworth		13b. MOTHER'S MAIDEN NAME Lena Gudermuth		14. NAME OF HUSBAND OR WIFE Fred H.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-22-4766		17. INFORMANT'S SIGNATURE OR NAME Fred H. Windmoeller-3311 Pennsylvania	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION: I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) the onset of coronary artery disease DUE TO (c) arteriosclerosis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH 1 hr Yes Yes	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from <u>Jan 1954</u>, to <u>Mar 10, 1954</u>, that I last saw the deceased alive on <u>Mar 1, 1954</u>, and that death occurred at <u>11:15 a.m.</u>, from the causes and on the date stated above.					
23a. SIGNATURE S. S. Byrne M.D. (Degree or title)		23b. ADDRESS 22524 Cherokee		23c. DATE SIGNED 3-11-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/13/54		24c. NAME OF CEMETERY OR CREMATORY N. St. Marcus Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Welderle 3634 Gravois			
DATE REC'D BY LOCAL REG. MAR 11 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		ADDRESS 3634 Gravois	

(Licensed Embalmer's Statement on Reverse Side)

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

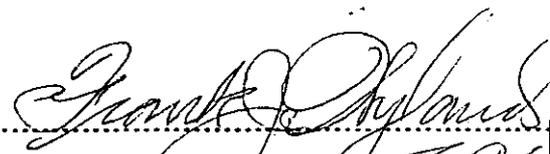
No. 300
10. 48

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, Student Embalmer No..... working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 96

P. O. Address 100 Long

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.