

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14275

BIRTH NO. 27294-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2904

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY OR TOWN Afton 4821	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital		e. STREET ADDRESS (If rural, give location) 9746 Cisco Drive	

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
			Windler	3-30-1954

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3-29-1954	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.
-------------	------------------------	--	----------------------------	------------------------------------	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	-------------------------------------

13a. FATHER'S NAME Albert E. Windler	13b. MOTHER'S MAIDEN NAME HORRAINE GREGORY	14. NAME OF HUSBAND OR WIFE
--------------------------------------	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Albert E. Windler	ADDRESS 9746 Cisco Drive
--	-------------------------	---	--------------------------

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (28 hrs - due to early rupture of membranes) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 761.5
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from March 29, 1954, to March 30, 1954, that I last saw the deceased alive on March 30, 1954, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE George A. O'Sullivan, M.D.	(Degree or title)	23b. ADDRESS 421 N. Schermer, St. Louis Mo	23c. DATE SIGNED 3-30-54
---	-------------------	--	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-31-1954	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Mo
---	---------------------	--	--

DATE REC'D BY LOCAL REG. MAR 31 1954	REGISTRAR'S SIGNATURE J. Cash Smith	25. FUNERAL DIRECTOR'S SIGNATURE M. W. Wiggins	ADDRESS 3819 S. Grand
--------------------------------------	-------------------------------------	--	-----------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Not Embalmed*  
*Geo. McInnesmuckle Jr*

Licensed Embalmer No. *46*

P. O. Address *H-House*

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.