No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42965

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11170

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 20 2622 N. Garrison 2209 0

3. NAME OF DECEASED (Type or Print)
a. (First): Viola
b. (Middle):
c. (Last): Windsor

4. DATE OF DEATH (Month) 12 (Day) 4 (Year) 54

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 27, 1917
9. AGE (In years last birthday): 37 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Mo 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Hilmes Bonds
13b. MOTHER'S MAIDEN NAME: Lena ?
14. NAME OF HUSBAND OR WIFE: Tonsy Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 494-36-5366
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Toney Windsor 2622 Garrison

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malignant Hypertension — INTERVAL BETWEEN ONSET AND DEATH: Undt.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Lobar Pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 445X

22. *I hereby certify that I attended the deceased from* 11-7, 1954, *to* 12-4, 1954, *that I last saw the deceased alive on* 12-4, 1954, *and that death occurred at* 5:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edw. B. Williams M.D.
23b. ADDRESS: 2601 N. Whittier
23c. DATE SIGNED: 12-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-9-1954
24c. NAME OF CEMETERY OR CREMATORY: Washington Pk. Cem.
24d. LOCATION (City, town, or county) (State): St. Louis County Mo

DATE REC'D BY LOCAL REG.: DEC 8 1954
REGISTRAR'S SIGNATURE: J Carl Smith MD MRB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E. S. White 2616 Garrison

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leroy U. Lann

Licensed Embalmer No. 45

P. O. Address 3880 Ea

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.