

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42124

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... (No. St. Anthony Hospital)

File No.....
Registered No. 11828
St. Ward)

2. FULL NAME Caroline A. Weindel

(a) Residence. No. 2615 Louisiana St. 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Whiten	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26, 1857		
7. AGE	YEARS 72	MONTHS 6
	DAY 7	If LESS than 1 day,hrs. ormin.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housekeeper (b) General nature of industry, business, or establishment in which employed (or employer) ----- (c) Name of employer -----		

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Mo.**

PARENTS	10. NAME OF FATHER Leonard Weindel
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
	12. MAIDEN NAME OF MOTHER Katherine Schrafte
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Emelie Weindel
(Address) 2615 Louisiana

15. FILED 19 May 1929
REGISTRAR C. Starkey

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec. 3 1929**

17. **HEREBY CERTIFY, That I attended deceased from** Oct. 25 1929 to Dec. 3 1929 that I last saw h. is alive on Dec. 2 1929, and that death occurred, on the date stated above, at 2:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
1 yr (duration) 1 yrs. 0 mos. 0 ds.
CONTRIBUTORY Angioneurotic anemia (SECONDARY)
Raynaud's Disease (duration) 8 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRIBUTED
IF NOT AT PLACE OF DEATH
D DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Blood - Weindel's Physical
(Signed) [Signature] M. D.
, 19 (Address) 2402 S. Grand Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery	DATE OF BURIAL Dec. 5 1929
20. UNDERTAKER <u>Shanck & Schmidt</u>	ADDRESS 3732 S. Grand Blv.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

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