

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

32161
Do not use this space.

1. PLACE OF DEATH: 1937
 (a) County: Registration District No. **791**
 (b) Township: Primary Registration District No. **1003** Registered No. **8215**
 (c) City: **St. Louis** (d) Street No.: **Deaconess Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred: **5** yrs. . . mos. . . ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: **Minnie Weinreich**
 (a) Residence, No. **5913 South Broadway** St. **L**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: **Female**
 4. COLOR OR RACE: **White**
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: **George Weinreich**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR): **Dec. 6, 1859**
 7. AGE YEARS: **79** MONTHS: **8** DAYS: **24** If LESS than 1 day, . . . hrs. or . . . min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: **Housewife**
 9. Industry or business in which work was done, as saw mill, bank, etc.:
 10. Date deceased last worked at this occupation (month and year):
 11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): **Oakville Missouri**

FATHER 13. NAME: **Christian Crecelius**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): **Alace-Lorraine France**

MOTHER 15. MAIDEN NAME: **Rosina Mueller**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): **Germany**

17. INFORMANT: **George Weinreich - Son**
 (ADDRESS) **St. Louis, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE: **St. Pauls Cemetery** DATE: **September 1937**

19. FUNERAL DIRECTOR: **C. Hoffmeister U. & L. Co.**
 (ADDRESS) **7814 S. Bl'way, St. Louis, Mo.**

20. FILED: **SEP 1 1937** **J. Bredbeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): **Aug. 30, 1937**

22. HEREBY CERTIFY, That I attended deceased from **April 28, 1937**, to **Aug. 30, 1937**.
 I last saw her alive on **8-30, 1937**. Death is said to have occurred on the date stated above, at **5:50 p.m.**
 The principal cause of death and related causes of importance were as follows:

*chronic Myocarditis
hypertension*

93C

Other contributory causes of importance:
Heart Disease, cause of hypertension

Name of operation: *none* Date of: _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *NO* Date of injury: _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: _____
 Nature of injury: _____

24. Was disease or injury in any way related to occupation of deceased? *Yes*
 If so, specify: _____ (Signed) **Erwin S. Crecelius**, M. D.
 (Address) **7330 A 21. Union**

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.

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Dr. Erwin Crecelius
Ev. 7060 (Home) - 1625 Grape Ave.
Office - 2330a N. Union - Ro. 6244

Office hours - 3:15 p.m. to 5:00 p.m.
7:00 p.m. to 8:00 p.m.

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

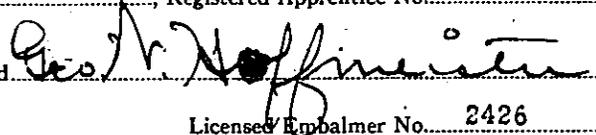
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Linus C. Hoffmeister, L. E.

L. No. 3871 L. E. and Leo C. Budde, L. E., L. No. 3989

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed.



Licensed Embalmer No. 2426

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.)