

NOV 15 1937

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

36392
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis,** (d) Street No. **City 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **2911 Arsenal** St. **Mo** **24**
(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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Edna Weinreich**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 23, 1902**
7. AGE YEARS **35** MONTHS **2** DAYS **2** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Maintainence Man**
9. Industry or business in which work was done, as saw mill, bank, etc. **Tower Grove Park**
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) **St. Louis, Missouri**

FATHER 13. NAME **Henry Weinreich**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

MOTHER 15. MAIDEN NAME **Laura Mueller**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Hosp. Info M. Kent** (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **Oct 28** 19**37**

19. FUNERAL DIRECTOR (ADDRESS) **Thorpe & Co** **2906 Gravois Ave**

20. FILED **Oct 27 1937** **J. Breuck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/25/37** 19**37**
22. I HEREBY CERTIFY, That I attended deceased from **10/29/37** to **10/25/37** 19**37**
I last saw **him** alive on **10/25/37** 19**37** Death is said to have occurred on the date stated above, at **11.53 p** m.
The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease
Date of onset **95**

Other contributory causes of importance:

Name of operation Date of **Ho**
What test confirmed diagnosis? Was there an autopsy? **Ho**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19**37**
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?
If so, specify **Edward P. Voth** M. D.
(Signed) **Edward P. Voth** (Address) **City Hospital No. 1**

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.

835

NOV 16 1945

STATEMENT BY LICENSED EMBALMER

I, THOMAS KUTIS, Licensed Embalmer No. 1619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by THOMAS KUTIS

L. E. 1619

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

working under my personal supervision.

Signed

Thomas Kutis

Licensed Embalmer No. 1619

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.)