

REC'D JUL 12 1938

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

20547

Do not use this space.

5686

## 1. PLACE OF DEATH

(a) County ..... Registration District No. 791  
1008  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. Park Lane Memorial Hospital St. 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

FRANK WENINGER, 55?  
(a) Residence, No. 4018a North 9th Street St. 26  
(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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1883  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 8 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grocery  
9. Industry or business in which work was done, as saw mill, bank, etc. Proprietor  
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) Austria

13. NAME Joseph Weninger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT Mrs. Frieda Weninger  
(ADDRESS) 4018a North 9th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE June 25, 1938

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son  
(ADDRESS) 2161 East Fair Avenue

20. FILED JUN 23 1938 J. B. Bricker  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1938  
22. I HEREBY CERTIFY, THAT Frank attended deceased from 22 38 19...  
I last saw Frank alive on 22 38 19... Death is said to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Carman  
Smith

Name of operation None Date of 1938

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... 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? If so, specify.....

(Signed) J. J. Smith, M. D.

(Address) 4930 Ducess

Professional Seal

Received

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**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis*

**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 this body is not embalmed, above space should be left blank.**