OCT 28 1938

DEC'D NOV 4 1938

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

Do not use this space. 36769

1. PLACE OF DEATH
(a) County St Louis 2 Registration District No. 784
(b) Township Primary Registration District No. 101 Registered No. 1758
(c) City Clayton (d) Street No. 7600 Carswold 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 John F. Weinert 563
(a) Residence, No. 7600 Carswold St.
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret Wienert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 22, 1854

7. AGE: YEARS 84 | MONTHS 9 | DAYS 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Exeucative
9. Industry or business in which work was done, as saw mill, bank, etc.: Laundry
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): Racine Wisconsin

FATHER
13. NAME: Louis Weinert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER
15. MAIDEN NAME: Josephine Ludwig
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

17. INFORMANT (ADDRESS): Mrs. Wurst 7600 Carswold ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S. S. Peter & Paul DATE 10/29/38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Weick Bros. Und. Co. 2201 S. Grand Bl. St. Louis.

20. FILED OCT 28 1938 19 T. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936 to Oct 26, 1938
I last saw him alive on Oct 26, 1938 Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Obstruction (malignant)	1936
51	

Other contributory causes of importance: Malignant Malastasis pelvis and Spine

Name of operation Transurethral Resection Date of 9/15/38
What test confirmed diagnosis? Was there an autopsy? no

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? no
If so, specify
(Signed) Leo Bartels, M. D.
(Address) 313 N. 9th

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X14028

Dr. Bartels
Century Shelby

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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette

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.