

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  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

20533

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, Mo.** (d) Street No. **1949a North Broadway.** Registered No. **5377**  
(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

**Mary Weiman,**  
(a) Residence, No. **1949a North Broadway,** St. **26** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>George Weiman,</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>November 4th, 1856</b>				
7. AGE	YEARS <b>82</b>	MONTHS <b>7</b>	DAYS <b>11</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Housework</b>			
	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) <b>Missouri.</b>				
FATHER	13. NAME <b>Frank Wintz,</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>			
MOTHER	15. MAIDEN NAME <b>Mary Ann Weisler,</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>			
17. INFORMANT (ADDRESS) <b>Julia Wintz,</b> <b>1949a North Broadway.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary Cem.</b> DATE <b>June 17th 1939</b>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>Henry Leidner Und.</b> <b>1417 N. Market Street.</b>				
20. FILED <b>JUL 16 1939</b> <b>J. B. Brubaker</b> Local Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 15, 1939**

22. I HEREBY CERTIFY that I attended deceased from **July 1930** to **June 15, 1939**.  
I first saw him alive on **June 14, 1939**. Death is said to have occurred on the date stated above, at **4:49** a.m.  
The principal cause of death and related causes of importance were as follows:  
**Chc Myocarditis & Chc Nephritis due to Arterio Sclerosis**  
Other contributory causes of importance: **Diabetes**

Name of operation..... Date of.....  
What test confirmed diagnosis? **Chcinal** 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?.....  
If so, specify.....  
(Signature) **J. B. Brubaker**, M. D.  
(Address) **634 N. Grand**

Date of onset **1925**  
**1930**

12-130 Pm  
634 N. Street

**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 Homer L. Ponder  
Licensed Embalmer No. 3367  
P. O. Address 2223 St. Louis ave

**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.**