

NOV 13 1939 791

Primary Registration District No. _____

1. PLACE OF DEATH: 1000 Grace Ave 2
 (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4224 Grace Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 60 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 1
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4224 Grace Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 60 years.

3. (a) PRINT FULL NAME Leonhard Weinheimer 556
 3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 11
 year 1939 hour 7:24 minute A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Katherine Kreh Weinheimer 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 21 1867
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 12 to Oct. 11 1939
 that I last saw him alive on Oct. 11 1939
 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 4 Days 20
 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of Stomach
 Due to _____
 Due to _____

9. Birthplace Germany
 (City, town, or county) (State or foreign country)

Other conditions _____
 (Include pregnancy within 3 months of death)

10. Usual occupation Retired foreman Candy Factory

Major findings: Cancer of Stomach
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name -- Weinheimer
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Not known
 (City, town, or county) (State or foreign country)
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature Kaloud C. Weinheimer
 (b) Address 4224 Grace Ave.

While at work? _____ (Specify type of place) (e) Means of injury _____

17. (a) Burial (b) Date thereof Oct 14, '39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunset Burial Park

23. Signature J. H. Bradley (M. D. or other) _____
 Address 3606 Gravois Date signed 10-11-39

18. (a) Signature of funeral director J. S. Ziegenfuss & Son
 (b) Address 7027 Gravois Ave.
 19. (a) NOV 13 1939 (b) _____
 (Date received local registrar) (Registrar's signature)

WHILE IN SERVICE USE DIVIDING BLACK INK—MAKE A PERMANENT RECORD

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.

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..... *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address: *6937⁹ Illinois*

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.