DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 4581

REC'D MAR 12 1940

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1411

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital #1. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 hrs. (Specify whether years, months or days) In this community 1

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 7

(d) Street No. 4026 Shreve Ave. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Theodore John Wein

3. (b) If veteran, name war —

3. (c) Social Security No. 492-05-3836

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Wein

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased January (Month) 7 (Day) 1898 (Year)

8. AGE: Years 42 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Printer 6

11. Industry or business Sporting News Publisher. 4

FATHER 12. Name John Wein

FATHER 13. Birthplace — (City, town, or county) Germany. (State or foreign country) 1

MOTHER 14. Maiden name Mamie Caspers

MOTHER 15. Birthplace Edinburgh (City, town, or county) Scotland (State or foreign country)

16. (a) Informant's own signature Mrs. Anna Wein

(b) Address 4026 Shreve Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14. 1940. (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address 4834 Natural Bridge

19. (a) (Date received by local registrar) (b) J. F. Broderick (Registrar's signature)

FEB 13 1940

**MEDICAL CERTIFICATION**

20. DATE OF DEATH, Month February day 11. year 1940 hour 10 minute 20 A. M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Compound fracture right leg, diffused hemorrhage of brain, with shock

Due to an automobile driven by one Lloyd C. Hunt

Due to at intersection of Tyler and Vaughn streets, about 2:20 o'clock A.M.

Duration

Other conditions (Include pregnancy within 3 months of death) Feb 11 1940

Major findings: Of operations pediatrician

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Feb 11 1940

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? No (e) Means of injury Auto

23. Signature Alfred Gerry (M. D. or other)

Address Deaconess Hospital Date signed 2-12-40

(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.

## 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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

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