

WHILE IN PROCESS OF CRYING 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1940
Registration District No. **791**

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4858**
Registrar's No. **1688**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County _____
(c) City or town **Saint Louis.** **23**
(If outside city or town limits, write "RURAL")
(d) Street No. **2712 Accomac Street.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **15th.**
year **1940.** hour **6** minute **30 P. M.**
21. I hereby certify that I attended the deceased from **2-6-40**
19____, to **2-15-40**, 19____
that I last saw him alive on **2-6**, 19____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Lobar pneumonia **9 days.**
Duration _____
Due to _____
Due to _____
Other conditions **Myocarditis**
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

3. (a) PRINT FULL NAME **William P. Weindell.**

8. (b) If veteran, name war _____ 8. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Margaret Weindell**
6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **October 23rd, 1875.**
(Month) (Day) (Year)

8. AGE: Years **64** Months **3** Days **22**
If less than one day _____ hr. _____ min.

9. Birthplace **Saint Louis, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Iron Worker**

11. Industry or business _____

MOTHER FATHER
12. Name **Jacob Weindell**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Steinman**
15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Edwin P. Weindell**
(b) Address **4404 Tennessee Ave.**

17. (a) **Burial** (b) Date thereof **Feb. 19th, 40.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New St. Marcus Cemetery.**

18. (a) Signature of funeral director **Ziegenhein Bros.**
(b) Address **2623 Cherokee Street.**

19. (a) **FEB 19 1940** (b) **J. F. Brubaker**
(Licensed or local registrar)

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?

(Specify type of place) _____
(e) Means of injury _____
While at work _____
23. Signature **Eugene H. Edde** (M. D. or other) **M.D.**
Address **309 So. Jefferson** Date signed **2-17-40**

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

V. E. Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.