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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4954

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1784

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(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 12 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouris (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1610 S. 10th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Amelia Weiner S 60

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Feb. 16, 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Marine, Illinois 7
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business 9

FATHER
12. Name Julius (Unknown) 9
13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Hatcher

(b) Address 6969 Lindenwood Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21-40
(Month) (Day) (Year)

(c) Place: burial or cremation St. Marcus Cemetery

18. (a) Signature of funeral director Wm. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) FEB 21 1940 (Date received local registrar) (b) J. F. Bedrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18, year 1940 hour 12:55 minute A. M.

21. I hereby certify that I attended the deceased from February 7, 1940 to February 18, 1940; that I last saw h 45 alive on February 18, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Cellulitis - right leg caused	
Due to by varicose ulcers	
result of varicose veins	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93 c	
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)

(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)

While at work? (e) Means of injury

23. Signature Geo. M. Pike (M. D. or other)

Address 1515 Lafayette, Date signed 2/19/40

(Licensed Embalmer's Statement on Reverse Side)

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Ave

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

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