

No. 2
-10-39
7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

17099

State File No. _____

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **4577**

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:
4444a Elmbank Ave. **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **17 yrs.**
years, months or days)

3. (a) PRINT FULL NAME **Gertrude Wienecke** **520**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **61** 6. (c) Age of husband or wife if alive **61** years
Andrew C. Wienecke
7. Birth date of deceased **March 14, 1880.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 **2** **7** hr. min.

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

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER
12. Name **Frank Pieper**
13. Birthplace _____ **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Gertrude Hester**
15. Birthplace _____ **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Andrew C. Wienecke**

(b) Address **4444a Elmbank Ave.**

17. (a) **Burial** (b) Date thereof **May 25, 1940.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Mr. M. Schumacher**

(b) Address **4834 Natural Bridge**

19. (a) **MAY 24 1940** (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **10**
(If outside city or town limits, write "RURAL")
(d) Street No. **4444a Elmbank Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21**
year **1940** hour **5** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **Nov 14 1938**
19____ to **May 21** 19**40**
that I last saw her alive on **May 21** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute myocardial failure **2 mo.**
Suppurative on Chy Myocarditis **2 yrs**
Due to **Embolus of Rt. subclavian** **2 weeks**
artery - old fracture of clavicle.
Due to **Hypertension** **2 yrs.**
Diabetes mellitus **2 yrs.**

Other conditions (Include pregnancy within 3 months of death) **54**

Major findings:
Of operations _____
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) **Free Clinics (Commitment)**

(b) Date of occurrence **Oct 6 1939.**

(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 Street

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

23. Signature **C. H. Heideman** (M. D. or other) **MA.**

Address **4126 1/2 Shreve** Date signed **5-23-40**

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

7-8-30

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

John Hetter

Licensed Embalmer No. 3880

P. O. Address _____

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.