

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30226**
7503
Registrar's No. _____

Registration District No. _____

Primary Registration District No. **1003**

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

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:
5042 Davison Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether 2)
In this community Unknown
years, months or days

8. (a) PRINT FULL NAME Arthur A. Weinel

8. (b) If veteran, name war None 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Louise L. Weinel 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 25, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 2 8 hr. _____ min.

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

10. Usual occupation Retired Bell Telephone

11. Industry or business Co. employee

12. Name Louis Weinel

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

14. Maiden name Margaretha Brenner

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

16. (a) Informant Mrs Louise L. Weinel

(b) Address 5042 Davison Ave

17. (a) Burial (b) Date thereof 9-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)
Lake Charles

(c) Place: burial or cremation

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Farr Ave

19. (a) SEP 6 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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. 5042 Davison Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3,
year 1940 hour 4:40 AM minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 1, 1940 (Sept. 3), 1940
that I last saw him alive on Sept. 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation 4 days
Duration

Due to Chronic Myocarditis

Due to Chronic Interstitial Nephritis
Hypertrophy - Prostate 6 years

Other conditions Chronic Cystitis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations 131
Of autopsy _____
Underlines 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? _____

While at work? Yes (Specify type of place) (e) Means of injury 1

23. Signature [Signature] (M. D. or other) 1
Address 4548 Harris Ave Date signed 9/3/40

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 *Leonard Hampton*

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo

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.