FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22689

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1362

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Mt. St. Rose Sanitarium (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 5475 Cabanne 9 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rudolph Lawrence Weinert

3. (b) If veteran, name war ----

3. (c) Social Security No. 488-09-2259

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mathilde

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December 23, 1880 (Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 5 If less than one day hr. min.

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

10. Usual occupation President

11. Industry or business Broadway Laundry

FATHER
12. Name John F. Weinert
13. Birthplace Racine (City, town, or county) Wisconsin (State or foreign country)

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

16. (a) Informant Mathilde Weinert

(b) Address 5475 Cabanne

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/41 (Month) (Day) (Year)

(c) Place: burial or cremation O.S.S. Peter & Paul

18. (a) Signature of funeral director Wacker-Helderle

(b) Address 3634 Gravois Ave.

19. (a) JUN 28 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1941 hour 3 minute 25 a.M.

21. I hereby certify that I attended the deceased from Dec 4-1940, 19__, to June 28, 1941, that I last saw him alive on June 27, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral Acid Pulm T.B. 18 mo. Plus T.B. of Genital Tract

Due to Tubercle Bacilli

Due to

Other conditions T.B. Endodymitis (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 H. D. Spector (M. D. or other) O

Address Union Club Bldg. Date signed June 28 41

(Licensed Embalmer's Statement on Reverse Side)

AUG 2 0 1941

AUG 2 9 1941

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 Frank J. Hyland

Licensed Embalmer No. 2645

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, fact should be so stated above.