. S. No. 2
M—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9374

State File No. 2495

Registration District No. APR 8 1942 791

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry, Co.
(c) City or town Perryville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. NR
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

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3. (a) PRINT FULL NAME Agnes B Weinrich
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 William
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased June (Month) 15 (Day) 1942 (Year)

8. AGE: Years 64 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Perryville, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business

MOTHER FATHER
12. Name Ferdinand Hohean
13. Birthplace Perryville, Mo. (City, town, or county) 0 (State or foreign country)
14. Maiden name Dorothyn Rank
15. Birthplace Perryville, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Unknown
(b) Address Unknown
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Youngtown, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington
19. (a) MAR 19 1942 (Date received local registrar) (b) J. F. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th year '42 hour 1 minute A M.
21. I hereby certify that I attended the deceased from 1924, 19, to 3/18/42, 19; that I last saw him alive on 3/17/42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Apoplexy — 1 hour
Due to
Due to
Other conditions — Bilateral Cataracts — 18 years
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

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 Theo. H. Hanser (M. D. or other) M.D.
Address 3651 Grand Ave. Date signed 3/19/42.

(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 J. Wm Binkley

Licensed Embalmer No. 3653

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.