S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17674

State File No.

FILED JUN 19 1942

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 165.

16
1
4

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town ..... (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hosp. D (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~14 hrs.~~ 2 hr. 40 min. (Specify whether years, months or days)
In this community ~~14 hrs.~~ 2 hr. 40 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cape Girardeau
(c) City or town Infant born in hospital (If outside city or town limits, write "RURAL") 16
(d) Street No. ..... (If rural, give location) 1
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME ~~Baby Weinkein~~ Lloyd Bernard Weinkein
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced O
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased ..... (Month) 5 (Day) 26 (Year) 42

8. AGE: Years | Months | Days | If less than one day ~~14~~ 2 hr. 40 min.

9. Birthplace St Francis Hosp - Cape Girardeau (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business .....
FATHER
12. Name Glennon Weinkein
13. Birthplace Perryville Mo (City, town, or county) (State or foreign country) O
MOTHER
14. Maiden name Marie Gebhardt
15. Birthplace Perryville Mo. (City, town, or county) (State or foreign country) O
16. (a) Informant Mr. Weinkein - (father)
(b) Address Perryville, Mo. R.I.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Parish
18. (a) Signature of funeral director Father of baby
(b) Address Perryville, Mo.
19. (a) 5-27-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 27 year 1942 hour 12 minute 45 A. M.
21. I hereby certify that I attended the deceased from 5/26, 1942 to 5/27, 1942; that I last saw him alive on 5/27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature 6 Mo	
Placenta Centrales	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

159

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 D. B. Elliott (M. D. ~~or other~~) 5-27-42
Address Cape Girardeau, Mo. Date signed .....

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 42 - 776

Date Filed 4-16-42

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 .....

Licensed Embalmer No. .....

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, fact should be so stated above.