

S. No. 2
4-5-42
5-17-39
DI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42112 /

State File No.

Registration District No.

Primary Registration District No. 115

Registrar's No. 2659

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
residence-439 Westgate Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 439 Westgate Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ANNA WEINHEIMER

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Jacob Weinheimer
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased July 19 1853
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 29
If less than one day hr. min.

9. Birthplace Baltimore Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER
12. Name August Lichtenberg
13. Birthplace unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta unknown
15. Birthplace unknown unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ory Clark,

(b) Address 439 Westgate Bly'd., U. City

17. (a) burial (b) Date thereof 12-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Bly'd., St. Louis

19. (a) DEC 17 1942 (b) E. G. McGowan M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th
year 1942 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from January 10, 1940, to Dec 16, 1942
that I last saw her alive on Dec 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia
Duration 3 days

Due to arterio-sclerosis general many years.

Due to.....

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

Major findings: Of operations.....
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 Joseph Magdon (M. D. or other) M.D.
Address 520 W. 1st St. University City State signed 12-16-42

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

96
53

96
3
5

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1163

Dr. Joseph Magidson,
520 Westgate Blvd.,
CA-8853

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 Clarence H. Murray
Licensed Embalmer No. 4011
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.