

S. No. 2  
M-9-4-41  
5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12977

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3394

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
DePaul Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

(c) City or town St. Louis 109  
(If outside city or town limits, write "RURAL")

(d) Street No. 3006 Bailey Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
0  
If yes, name country.....

3. (a) PRINT FULL NAME Sally Wienert

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

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th.  
year 1943 hour 10.00 minute A. M.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased. April March 9th. 1943  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1<sup>st</sup> April 1943, to....., 19....., that I last saw her alive on April....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death. Prematurity (6 1/2 mos)

8. AGE: Years Months Days If less than one day

8 hr. ..... min.

Duration .....

Due to Cause of premature labor  
Not known

Other conditions. (Include pregnancy within 3 months of death)  
159

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

10. Usual occupation Infant

11. Industry or business.....

12. Name Ludwig Wienert

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Marjorie Porter

15. Birthplace Wisc. 1  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Ludwig Wienert

(b) Address 3006 Bailet Ave.

17. (a) Burial (b) Date thereof 4-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Bl.

19. (a) APP (b) JF Bredsch  
(Date received local registration) (Registrar's signature)

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?..... (Specify type of place)

(e) Means of injury 0

23. Signature L.M. Jordan (M. D. or other)  
Address 4500 Olive St Date signed 4/9/43

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

MOTHER FATHER

**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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... A. G. Smithers .....

Licensed Embalmer No. 3916 .....

P. O. Address 3710 N. Grand St .....

**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.**