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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1943

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33687

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9049

1. PLACE OF DEATH:

(a) County Found St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mississippi River 3 Foot Arsenal St (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 Unknown (b) County
(c) City or town Unknown (If outside city or town limits, write "RURAL")
(d) Street No. Unknown (If rural, give location) 28
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Unknown White Male

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unk
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Abt (Month) (Day) 1893 (Year)

8. AGE: Years Abt. 50 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) Unknown (State or foreign country)
10. Usual occupation Unknown
11. Industry or business Unknown
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant James J Fitzsimmons
(b) Address 1300 Clark
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Potters Field
18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave
19. (a) OCT 14 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1943 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation due to drowning when found in Mississippi River at the foot of Sidney St. On Sept. 28 1943 at about 7:15 A.M. Cause and manner of same could not be determined

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 195

Major findings:
Of operations
Of autopsy

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) Open Verdict
(b) Date of occurrence Sept 28 1943
(c) Where did injury occur? Unknown (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Found in Public Place (Specify type of place)
While at work? Unk (e) Means of injury Drowning

23. Signature Alfred J Perry (M. D. or other)
Address Deputy Coroner Date signed 10/13/43

(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 Frank L. Owens

Licensed Embalmer No. 2245

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9049

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: En Route to City Hospital #1 (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 ~~St. Louis~~ (If outside city or town limits, write "RURAL")

(d) Street No. 4842 Heidelberg Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Weiner

3. (b) If veteran, name war ********** **3. (c)** Social Security No.

4. Sex Male **5.** Color or race White **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 December 27 1898 (Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation Brewery Worker

11. Industry or business Unemployed

FATHER
12. Name Otto Weiner
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sadie Herman
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant [illegible]
(b) Address 4842 Heidelberg Ave

17. (a) Burial (Burial, cremation, or removal) **(b)** Date thereof 10-15 1943 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) 10-14-43 (Date received local registrar) **(b)** J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day September year 1943 hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Asphyxiation due to drowning when found in the Mississippi

Due to River at the foot of Sidney Street., on Sept. 28th, 1943

Due to at about 7:15 A.M. Cause and m Manner of same could not determined

Other conditions (Include pregnancy within 3 months of death)

Open Verdict

Major findings:
Of operations 195
Of autopsy 45

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 [illegible] (M. D. or other)

Address [illegible] Date signed 10/13/43

(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.

Not Embalmed

Signed.....Frank D. Green

Licensed Embalmer No.....2245

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.