

FILED FEB 27 1944 318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 341

1. PLACE OF DEATH:

(a) County _____
 (b) City or town 44 St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4438 Penrose 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 Missouri (b) County _____
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 4438 Penrose St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Gerhard A. Wienstroer

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Behrman Wienstroer 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased: Nov. 1 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 8 If less than one day _____
hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name August Wienstroer
 { 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 { 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Wienstroer
 (b) Address 4280 Kossuth Ave.

17. (a) Burial (b) Date thereof 1/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Stroot - Carroll

18. (a) Signature of funeral director _____
 (b) Address 4600 Natural Bridge Ave.

19. (a) JAN 12 1944 J. F. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
 year 1944 hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1939 to Jan 9 1944
 that I last saw him alive on Jan 9 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 5 yrs

Due to Hyperextension

Due to Loobar Hypostatic Pneumonia 10 days
 Other conditions _____
(Include pregnancy within 6 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____ 108

Duration
5 yrs
10 days
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) (e) Means of injury

23. Signature [Signature] (M. D. or other) M.D.
 Address 4126³ Shen Date signed 1/10/44

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 *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.