

Registration District No. 1031844

Primary Registration District No. 6076

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Rural Graves
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Miller Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
 (Specify whether
 In this community 40 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Lemay
 (If outside city or town limits, write "RURAL")
 (d) Street No. 9135 S. Broadway
 (If rural, give location)
 (e) Citizen of foreign country? --- (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Joseph Weinacht
 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 Married
 6. (b) Name of husband or wife Elizabeth Weinacht
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased June 12, 1864
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 22 hr. min.

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

10. Usual occupation Retired Brewery Worker

11. Industry or business ---

MOTHER FATHER {
 12. Name Theobald Weinacht
 13. Birthplace Europe
 (City, town, or county) (State or foreign country)
 14. Maiden name Philomine Weinacht
 15. Birthplace Europe
 (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Weinacht
 (b) Address 9135 S. Broadway

17. (a) Burial (b) Date thereof Jan 7, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Fendler Und. Co.
 (b) Address 7420 Michigan Avenue

19. (a) JAN 7 - 1944 (b) E. J. McSavran, M.D.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1944 hour 7 PM minute --- M.
 21. I hereby certify that I attended the deceased from Dec 1, 1943 to Jan 4, 1944
 that I last saw h. in alive on Jan 4, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis
 Duration 2 yrs

Due to ---
 Due to ---
 Other conditions (include pregnancy within 3 months of death) ---

Major findings:
 Of operations ---
 Of autopsy ---

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 ---
 23. Signature Owen J. Shaw (M. D. or other) MD.
 Address 7606 Webery Date signed Jan 5 - 44

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

6000

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 Oliver E. Peck

Licensed Embalmer No. 7148

P. O. Address Jersey

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.