

Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 4142

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:
4001 Blow 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

3. (a) PRINT FULL NAME Ruth C. Weindel

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

4. Sex female 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: August 27, 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>8</u>	<u>6</u>	_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Joseph W. Weindel

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Ruh

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph W. Weindel

(b) Address 4001 Blow

17. (a) burial (b) Date thereof May 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) MAY 4 1944 (b) J. F. Redick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St Louis (If outside city or town limits, write "RURAL") 171
(d) Street No. 4001 Blow Street (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1944 hour 12:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1943
_____ 19____, to July 3 _____ 1944;

that I last saw h. Er alive on April _____ 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Respiratory Failure 1 hr

Due to Hydrocephalus, congenital born

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 137

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) _____

(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 J. F. Redick (M. D. or other) M.D.

Address mo. Theatre Bldg Date signed 5-4-44

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.....

E. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Graves*

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.