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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 9 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4721

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:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Calhoun

(c) City or town Golden Eagle  
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Elizabeth Wieneke

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Pearl W. Weineke

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased September 11 1894  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>8</u>	<u>15</u>	..... hr. .... min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Margdalena Vogel

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

16. (a) Informant Pearl Wieneke

(b) Address Golden Eagle, Ill.

17. (a) Removal (b) Date thereof 5-27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brussels, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) (Date received) MAY 28 1945 J. J. Bradock  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1945 hour 1:12 minute A M.

21. I hereby certify that I attended the deceased from May 16 to May 26, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Manic Depressive Psychosis

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) (Means of injury).....

23. Signature Arthur M. Thompson (M. D. or other).....  
Address 634 Adams St. Date signed 5/28/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

107

(Licensed Embalmer's Statement on Reverse Side)

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

10  
7  
9

**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

*John Gonoski*  
Licensed Embalmer No. *339*

P. O. Address.....

**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.**