DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 34733
Registrar's No. 2526

FILED NOV 10 1945

State of MISSOURI 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Veterans Administration Facility 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 141 days (Specify whether years, months or days) In this community 36 years

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. 5462 Genevieve (If rural, give location)
(e) If foreign born, how long in U. S. A.? No / years.

3. (a) FULL NAME WEINMAN, Charles G.
3. (b) If veteran, name war World I.
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Genevieve Weinman
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased October (Month) 9 (Day), 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
50	0	22	hr. min.

9. Birthplace Marissa (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Bread Man
11. Industry or business --

MOTHER FATHER
12. Name Gustave Weinman
13. Birthplace (City, town, or county) Illinois (State or foreign country)
14. Maiden name Barbara Stroa
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant's own signature Clinical Clerk, Vet. Adm.
(b) Address Fac., Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/45 (Month) (Day) (Year)
(c) Place; burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Math Hermann & Son,
(b) Address Funeral Directors, St. Louis, Mo.
19. (a) 11-3-45 (Date received local registrar) (b) E. M. Hermann M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month October day 31 year 1945 hour 4:20 minute P.M.
21. I hereby certify that I attended the deceased from June 12, 1945 to October 31, 1945: that I last saw him alive on October 31, 1945: and that death occurred on the date and hour stated above.

Immediate cause of death ABSCESS PULMONARY, RIGHT LUNG, NON-TUBERCULOUS. — Duration: Unknown
Due to --
Due to --
Other conditions -- (Include pregnancy within 3 months of death)
Major findings:
Of operations No operation
Of autopsy No 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) No
(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 E. V. EDWARDS Lt. Col. (M. D. or other) M.C.,
Clinical Director.
Address Vet. Adm. Fac. Jeff. Brks. Mo. Date signed 11/1/45

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This body embalmed by
William G. Buchholz. No 2110