

No. 2
1-2-43
5-17-39
I X35697

#52325

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11793
2591

State File No.

Registrar's No.

Register for District No.

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital—Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 1 DAY
(Specify whether
In this community... years, months or days) 1 year

3. (a) PRINT FULL NAME... Frank Weinek
FRED WEINEK
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... WIDOWED
6. (b) Name of husband or wife... VICTORIA
6. (c) Age of husband or wife if alive... years 4
7. Birth date of deceased... MARCH 4 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months - Days 13
If less than one day hr. min.

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

10. Usual occupation... LUMBERMAN

11. Industry or business.....

12. Name... UNKNOWN

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

14. Maiden name... UNKNOWN
(City, town, or county) (State or foreign country)

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

16. (a) Informant... FRED WEINER
(b) Address... 4418 50 MAIN ST.

17. (a) CREMATION (b) Date thereof... MAR 19 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... MISSOURI CREMATORY

18. (a) Signature of funeral director... GERKEN BENZ
(b) Address... 2842 MERAMEC ST.

19. (a) MAR 18 1946 (Date received local registrar)
J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... 000 17
(c) City or town... ST. LOUIS (If outside city or town limits, write "RURAL.")
(d) Street No. 4418 50 MAIN ST. Memorial (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... March day... 17th
year... 1946 hour... 8:40 minute... P M.
21. I hereby certify that I attended the deceased from 3/17/46
19... to... 3/17/46 19...
that I last saw him alive on... 3/17/46 19...
and that death occurred on the date and hour stated above.

Immediate cause of death... Intestinal obstruction
Duration

Due to... unknown causes

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... K. S. Gregory (M.D. or other)
Address... 1515 Lafayette Date signed... 3/18/46

MOTHER FATHER
Corrected by girl
May 6 1946

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.

No Embalming

Signed: *Lawrence E. Percy* (LWP)

Licensed Embalmer No. *4140*

P. O. Address. *St. Louis Mo.*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of.....
County of..... } ss.

State File No.....

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 2591

On this..... day of....., 194....., before me appears.....

....., who, upon..... oath, states that the original record of ~~birth~~ death
for Frank Weener died 3-17- 1946, in the State of
born..... Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 2 should read Frank Weener

Instead of..... Fred "

Item No. 16 should read Frank Weener

Instead of..... Fred "

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant William E. King Notary Public
Relationship.

2842 Meramec
Present Address.

Subscribed and sworn to before me this 27 day of March, 1946.

My Commission expires 3/4/49 Beaul Paddock Notary Public.

*Corrected
3/27/46*

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

