

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

17999

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAY 16 1946
STANDARD CERTIFICATE OF DEATH

19031

Registration District No. **318** Primary Registration District No. **1003** State File No. **4054** Registrar's No. **4054**

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:
2629 Ann Av. /
(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 **David Weinheimer**
(b) If veteran, name war **770.** (c) Social Security No. **493-09-2081**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
(b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Oct. 20 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 6 12 hr. min.

9. Birthplace **St. Louis** **Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Alligator Co.**

12. Name **David Weinheimer**

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

14. Maiden name **Catherine Winkler**

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

16. (a) Informant **Catherine Leyh**

(b) Address **2629 Ann Av.**

17. (a) **Burial** (b) Date thereof **5-6-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's Cem.**

18. (a) Signature of funeral director **W. St. Mary's Cem.**

(b) Address **2929 S. Jefferson Av.**

19. (a) **MAY 1 1946** (b) **J. P. Brede**
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **2629 Ann Av.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3**
year **1946** hour **8** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **May 2** **1946** to **May 3** **1946**
that I last saw him alive on **May 2** **1946**
and that death occurred on the date and hour stated above.
Immediate cause of death **cardiac asthma** Duration.....

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

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)
(c) Means of injury.....

23. Signature **Dr. J. P. Brede** (M. D. or other).....

Address **2025 S. Jefferson** Date signed **May 4 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.

Signed..... *Edgar F. Witt*.....
Licensed Embalmer No..... *2117*.....
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.