

S. No. 2
M-2-43
7. 5-17-39
V I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 30 1946
818

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. **8128**

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:
3129 E. Meramec 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3129 E. Meramec 9
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Kate Weindel
3. (b) If veteran, name was _____ 3. (c) Social Security No. _____
4. Sex F. 1 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anton Weindel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 23, 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September 19 1946
year 1946 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from 11 Sept. 1946 to 19 Sept. 1946
that I last saw her alive on 16 Sept. 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 5 26 hr. _____ min.
9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Jacob Hoer 9
13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)
14. Maiden name Kate Luepker
15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Frances Brinker
(b) Address 3129 E. Meramec
17. (a) Burial (b) Date thereof 9/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Cem.
18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.
19. (a) SEP 21 1946 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

Immediate cause of death Congestive Heart Failure Duration _____
Due to Hypertensive Cardio-vascular Disease
Due to _____
Other conditions (Include pregnancy within 3 months of death) 9/3/46
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 C
23. Signature Vieta H. Kuntz (M. D. certifier)
Address 3601 S. Brent Date signed 9/19/46

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

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.....me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Jac E. Benz

Licensed Embalmer No.....4249.....

P. O. Address.....2842 Meramec St.,
St. Louis, 18, 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.