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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 29 1946
19008

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39215**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10178**

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.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **250**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **111 N. 16th St**
Memorial (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **AUGUST WEISENFELD**
3. (b) If veteran, name war..... **3. (c) Social Security** No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **25th**
year **1946** hour **4:30** minute **A** M.
21. I hereby certify that I attended the deceased from **11/21/46**
to **Nov. 25th 1946**
that I last saw him alive on **Nov. 25th 1946**
and that death occurred on the date and hour stated above.

4. Sex **mo** **5. Color or race** **W** **6. (a) Single, widowed, married, divorced** **Single**
6. (b) Name of husband or wife..... **6. (c) Age of husband or wife if alive**..... years

Immediate cause of death..... **Bronchopneumonia** **Duration** **10 days**
Due to.....
Due to..... **107**
Other conditions (Include pregnancy within 3 months of death).....
Major findings: Of operations.....
Of autopsy **Contusant Broncho pneumonia**

7. Birth date of deceased..... (Month)..... (Day)..... (Year).....
8. AGE: Years..... Months..... Days..... If less than one day
abt 91..... hr..... min.

PHYSICIAN
Underline the cause to which death should be charged statistically.
22. If death was due to external causes, fill in the following:
(c) 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?.....

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

10. Usual occupation **Organist**

11. Industry or business.....

12. Name **Unknown**

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

14. Maiden name **"** (State or foreign country)

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

16. (a) Informant **St Vincent De Paul**

(b) Address **2335 Franklin Ave**

17. (a) Burial (b) Date thereof **11-27-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cemetery**

18. (a) Signature of funeral director **Charles Kelly**

(b) Address **438 Grand St**

19. (a) NOV 29 1946 (Date received local registrar) **J. H. Brebeck** (Registrar's signature)

23. Signature **1515 Lafayette** **11/25/46**
Address..... Date signed.....
(Specify type of place) While at work? **Yes** (c) Years of service **10**

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

Emb separate Certificate filed

NOV 29 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.....

Licensed Embalmer No.....

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.