S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

318 MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH 1003

State File No. 40313

FILED DEC 6 1947 318

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Glendale
(If outside city or town limits, write "RURAL")
(d) Street No. 1176 Brownell Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) N.R.
If yes, name country

3. (a) PRINT FULL NAME Leo J. Weinreich
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 Married
6. (b) Name of husband or wife Mary Weinreich
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased 8/22/1877 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Dayton (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Union May Stern

FATHER
12. Name Jacob Weinreich
13. Birthplace Dayton (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Julia Himmelreich
15. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mary C. Weinreich
(b) Address 1176 Brownell Ave Glendale
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Robert J. Ambruster Inc
(b) Address 6633 Clayton Road
19. (a) NOV 21 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th year 1947 hour 9 minute A M.
21. I hereby certify that I attended the decessed from 10/1/47 19 to 11/19/47 19; that I last saw him alive on 11/19/47 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma, Colon — ?
" Stomach — ?
Due to Site not known
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations Carcinomata Stomach & Colon
Of autopsy "

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Norman W. Drew M. D. or ~~other~~
Address University Club Bldg Date signed 11/20/47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.