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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 28 1948

Registration District No. 3805

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2156

Primary Registration District No. 6047

Registrar's No.

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

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town Wentzville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Galloway
(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 10 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Charles
(c) City or town Wentzville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME August George Weinrich
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 Minnie Weinrich
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Mar. (Month) 25 (Day) 1868 (Year)

8. AGE: Years 79 Months 1 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace New Melle (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER 12. Name Conrad Weinrich
FATHER 13. Birthplace ..... (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Catherine Madler
MOTHER 15. Birthplace ..... (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs Fred Mensicker
(b) Address Wentzville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation New Melle Mo.
18. (a) Signature of funeral director T. E. Pittman
(b) Address Wentzville Mo
19. (a) 1-22-48 (Date received local registrar) (b) Mrs Jess Lewis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 9 year 1948 hour 10 minute 00 A. M.
21. I hereby certify that I attended the deceased from Dec. 9 1946, 19..., to Jan. 9, 1948, 19..., that I last saw him alive on Jan. 9, 1948, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy. — Duration
Due to Essential Hypertension
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature K. C. McMurray (M. D. or other) MD
Address Wentzville, Mo Date signed 1-10-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Vital Statistics Office No. 9

Number 1-27-48

JAN 29 1948

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 T. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville 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.