U. S. No. 2
10M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

10812

State File No.

FILED APR 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3199

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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 Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")

(d) Street No. 450 E. LOCKWOOD
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME IDA WEINTZ

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WM L. WEINTZ

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased NOV — 5 — 1889 (Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 26 If less than one day — hr. — min.

9. Birthplace LAFAYETTE (City, town, or county) INDIANA (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

FATHER 12. Name GEORGE KESSLER

13. Birthplace LAFAYETTE INDIANA (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name NOT KNOWN

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

16. (a) Informant W. L. WEINTZ

(b) Address 450 E. LOCKWOOD

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof APR. 3-1948 (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES, MO.

19. (a) APR 2 1948 (Date received local registrar) (b) J. F. Bradleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1948 hour 6 minute — A.M.

21. I hereby certify that I attended the deceased from March 6, 1948 to April 1, 1948 that I last saw her alive on April 1, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to	
Due to	
Other conditions Arteriosclerotic heart disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy As above

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

23. Signature J R Bradley (M. D.)

Address Barnes Hospital Date signed 8/1/48

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.