

FILED MAR 5 1949

STANDARD CERTIFICATE OF DEATH

6801
State File No. 1605
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1605**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Little Sisters of Poor 5		d. STREET ADDRESS (If rural, give location) 3400 S. Grand Blvd.	
3. NAME OF DECEASED (Type or Print) Anna		c. (Last) Weinhold	
4. DATE OF DEATH (Month) (Day) (Year) February 19, 1949		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 28, 1861	
9. AGE (In years last birthday) 87		10. MONTHS 10 11. DAYS 21 12. HOURS 0 13. MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred Algeyer		13b. MOTHER'S MAIDEN NAME Katie ?	
14. NAME OF HUSBAND OR WIFE Henry		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Sister Henry 3400 S. Grand Blvd.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer Rectum DUE TO (c) Anemia Pernicious II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio. Sclerosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 110 15-18	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 1 yr 6 mo 1 yr 2 mo 2 yrs	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/10 , 19 49 , to 2/19 , 19 49 , that I last saw the deceased alive on 2/18 , 19 49 , and that death occurred at 3 A m., from the causes and on the date stated above.			
23a. SIGNATURE Edward J. Blodgett		23b. ADDRESS 607 N Grand	
23c. DATE SIGNED 2/19/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2/22/49		24c. NAME OF CEMETERY OR CREMATORY St. Mathews Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons and Co.	
25. ADDRESS 2630 Gravois Ave.		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 20 1949 J. B. Blaster	

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

16

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.