

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24452

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN "Rural" St. Charles Twsp "Rural") c. LENGTH OF STAY (in this place) 6 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles Twsp "Rural"	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Charles County Home		d. STREET ADDRESS (If rural, give location) St. Charles County Home 0970	
3. NAME OF DECEASED (Type or Print) Charles H. Weinrich		4. DATE OF DEATH (Month) (Day) (Year) July 7 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0	8. DATE OF BIRTH August 10, 1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm hand		10b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (in years last birthday) 35
11. BIRTHPLACE (State or foreign country) St. Charles County, Mo.,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William F. Weinrich		13b. MOTHER'S MAIDEN NAME Anna K. Buschman	
14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NIL	
17. INFORMANT'S SIGNATURE OR NAME Bernard F. Weinrich		ADDRESS St. Charles, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Epilepticus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Brain Tumor? DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 June 4, 1950, to July 7, 1950, that I last saw the deceased alive on July 7, 1950, and that death occurred at 9:30 P. M., from the causes and on the date stated above.			
23a. SIGNATURE A. P. Erich Schulz		23b. ADDRESS St. Charles, Mo. 63080	
23c. DATE SIGNED 8/9/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 10-1950	
24c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri	
25. FEDERAL DIRECTOR'S SIGNATURE A. C. Dallmeyer		ADDRESS 800 N. 2nd St. Charles, Mo.	
DATE REC'D BY LOCAL REG. 7-11-50		REGISTRAR'S SIGNATURE Francis Handwerker	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-18
9705

RECEIVED JUL 17 1950
District Health Officer No. 9,
District File Number _____

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 4189

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Joseph F. Landolt
Licensed Embalmer No. 4189

P. O. Address St Charles 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.