

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 7 1951

State File No. 6790  
Registrar's No. 1862

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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		2159	
c. LENGTH OF STAY (In this place) 61 years		d. STREET ADDRESS (If rural, give location) 4015 <sup>g</sup> Giles Avenue			
3. NAME OF DECEASED a. (First) Arthur (Type or Print)			b. (Middle) C.		c. (Last) Weinel
4. DATE OF DEATH Feb. 23, 1951		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married		8. DATE OF BIRTH March 7, 1889		9. AGE (In years last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice-President		10b. KIND OF BUSINESS OR INDUSTRY Dental Supplies		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John L. Weinel		13b. MOTHER'S MAIDEN NAME Maria Springmeyer	
14. NAME OF HUSBAND OR WIFE Mrs. Olive Weinel		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 489-07-5023	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Olive Weinel		ADDRESS 4015a Giles Avenue			

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis, Acute		DUE TO (b) Hypostatic Pneumonia				6 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma		DUE TO (c) _____				8 days	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		241X	

22. I hereby certify that I attended the deceased from Feb 1, 1951, to Feb 23, 1951, that I last saw the deceased alive on Feb 22/51 19, and that death occurred at 5:10A. m., from the causes and on the date stated above.

23a. SIGNATURE A. Vegeau M.D.		(Degree or title)		23b. ADDRESS 1001 So. Grand		23c. DATE SIGNED 2/23/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 26, 1951		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. FEB 26 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC.		ADDRESS 1936 St. Louis Ave.	

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

Dr. Stephen Vezeau  
1504 South Grand

9:00 - 11:00  
5:00 - 7:00

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*Max L. Waigel*

Licensed Embalmer No. 4170

P. O. Address: 1936 St. Louis

(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.