

FILED APR 8 1952

STANDARD CERTIFICATE OF DEATH

State File No. **11617**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 879

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Rural, Meramec Township</u> c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - MERAMEC 4740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None, Kehrs Mill Road</u>		d. STREET ADDRESS (If rural, give location) <u>KEHRS MILL ROAD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>IRVIN</u> b. (Middle) <u>HENRY</u> c. (Last) <u>Weinrich</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 2, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FATHER'S FARM</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS COUNTY, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>ADAM WEINRICH</u>		13b. MOTHER'S MAIDEN NAME <u>AMELIA KREMER</u>		14. NAME OF HUSBAND OR WIFE <u>_____</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>_____</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Adam Weinrich, Chesterfield, Mo.</u>	
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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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epilepsy daily attacks ? to 8 yrs</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>? unaccounted for</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) _____					
		DUE TO (c) _____					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3533</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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?	

22. I hereby certify that I attended the deceased from Feb, 1946, to Apr. 2, 1952, that I last saw the deceased alive on Mar 16, 1952, and that death occurred at dusignight, from the causes and on the date stated above.

23a. SIGNATURE <u>Lt Denny M. Creve Coeur, Mo</u>		(Degree or title)		23b. ADDRESS <u>Mo</u>		23c. DATE SIGNED <u>4-2-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Apr. 5/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>BELLEFONTAINE, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4-2-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SCHRADER FUNERAL HOME</u>		ADDRESS <u>BALLWIN, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Richard Bopp

Signed.....

Student Embalmer

Licensed Embalmer No.

4584

P. O. Address

Ballewin, 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.