No. 300
10.48

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

FILED OCT 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33570

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8765

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Christian Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mo.
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pasadena Park 4170
d. STREET ADDRESS (If rural, give location) 7621 Springdale Dr.

3. NAME OF DECEASED (Type or Print)
a. (First) Carolina
b. (Middle) Willomenia
c. (Last) Wienert

4. DATE OF DEATH (Month) 9 (Day) 18 (Year) 52

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 19, 1879
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (City and State or Foreign Country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wilhelm Sprick
13b. MOTHER'S MAIDEN NAME Willomenia Muelbrock
14. NAME OF HUSBAND OR WIFE Frank L. Wienert

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 Werner Wienert — **ADDRESS** 3810 Lawler

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (left) — INTERVAL BETWEEN ONSET AND DEATH: 5 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 331X

22. *I hereby certify that I attended the deceased from* 9-13, 1952, *to* 9-18, 1952 *that I last saw the deceased alive on* 9-17, 1952, *and that death occurred at* 5:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE H. E. Makin M.D. (Degree or title)
23b. ADDRESS 4110 W. Lammond Ave
23c. DATE SIGNED 9-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 20/52
24c. NAME OF CEMETERY OR CREMATORY Valhalla
24d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

DATE REC'D BY LOCAL REG. SEP 19 1952
REGISTRAR'S SIGNATURE J. Paul Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE McCutchen & Kelly — **ADDRESS** 4386 Lindell
(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Ronald O Yahnke

Licensed Embalmer No. 3217

P. O. Address 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.