

STANDARD CERTIFICATE OF DEATH

State File No. 27311

791
1003

REC'D SEP 14 1939

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

6814

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months
(Specify whether
In this community 35 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 2849 Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 YEARS years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3,
year 1939 hour 12:00 Noon minute _____ M.
21. I hereby certify that I attended the deceased from June
4, 1939, to August 3, 1939;
that I last saw him alive on August 3, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
7

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Samuel L. Lerner (If other) yes
Address City Hospital Date signed 8/3/39

3. (a) PRINT FULL NAME Henry Weimer 560

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaretha 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Dec 21 1859
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation Brewer (RETIRED)

11. Industry or business Kaiser Brewery Busch

12. Name John Weimer

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Winkler

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Alma Long

(b) Address 2225 Arsenal

17. (a) Cremation (b) Date thereof Aug 5 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Witt Brisk & Co

(b) Address 2929 S. Jefferson

19. (a) Aug 4 1939 (b) J. Brisk

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Paul A. Shanklin, Registered Apprentice No. _____ working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3422

P. O. Address 29298 Jefferson

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, above space should be left blank.