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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5063

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1893

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether years, months or days)

In this community 5 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1711 Allen Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Emma Wiemeck

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Weineck

6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased March 3, 1887 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	11	20	hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name William Gnauck
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily Tometz
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Frank Weineck
(b) Address 1711 Allen Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26-40 (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address 1926 Allen Ave

19. (a) FEB 25 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23, year 1940 hour 7:10 minute A. M.

21. I hereby certify that I attended the deceased from February 17, 1940 to February 23, 1940; that I last saw her alive on February 23, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr Myocarditis	years
Due to Hypertension	years
Due to Arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death) Arteriosclerotic Dementia	Mos

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter Ford (M. D. or other)

Address 1515 Lafayette, Date signed 2/24/40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Benj C Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.