

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Assault & Steyer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
In this community 1 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Walter F. Weins

3. (b) If veteran, name war no
3. (c) Social Security No. 478-05-9709

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

6. (b) Name of husband or wife Marion Weins
6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased July 16 1915
(Month) (Day) (Year)

8. AGE: Years 25 Months 1 Days 26
If less than one day hr. 12 min.

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

10. Usual occupation Welder

11. Industry or business none

12. Name Weins

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

14. Maiden name Irma Katharina Mueller

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

16. (a) Informant Marion Weins

(b) Address 2850 1/2 So 18th St

17. (a) Bureau of Cemetery (b) Date thereof Sept 14 - 40
(City or town) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathias Cemetery

18. (a) Signature of funeral director Donald Hud. G

(b) Address 7430 Michigan Ave

19. (a) SEP 12 1940 (b) J.P. Redbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2850 1/2 So 18th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 11
29 year 1940 hour 5:40 minute 11 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Oxalic Acid
Due to: poisoning self
Due to: concentrated oxalic acid
Other conditions: none at 2850 1/2 So 18th St on about Sept 11 - 1940

Major findings: Exact time unknown
Of operations: _____
Of autopsy: Succeeded

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 9/11/40
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work: None
(Specify type of place) (e) Means of injury poison
23. Signature Joseph M. Quinn (M. D. or other)
Address Reputy Coroner Date signed _____

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

FILED OCT 25 1940

MOTHER FATHER

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

Oliver E. ...

Licensed Embalmer No. *4148*

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.