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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 33716

Registrar's No. 8413

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

NOV 16 1940
791

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(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: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether in this community _____ years, months or days)

3. (a) PRINT FULL NAME Charles Weinbrenner

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

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

6. (b) Name of husband or wife Delia Brennan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 14 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 3 25 hr. _____ min.

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

10. Usual occupation Shoe Repair

11. Industry or business Shoe Shop

12. Name *****Weinbrenner

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

14. Maiden name Beatrice Raymond

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

16. (a) Informant Robert J. Stanton

(b) Address 8824 Tudor Ave. St. Louis County

17. (a) Burial (b) Date thereof Oct. 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Shos J. Finney

(b) Address 1519 South Grand

19. (a) OCT 10 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 814 Hickory Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9
year 1940 hour 4:35 minute A. M.

21. I hereby certify that I attended the deceased from October 6, 1940, to October 9, 1940

that I last saw him alive on October 9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to Chronic myocarditis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations None.

Of autopsy None.

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? _____

23. Signature Amos T. Murphy (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 10/9/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Howard P. Rowland

Licensed Embalmer No.

3114

P. O. Address

Thomas M.

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.