No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 18 1941

State File No. 30118

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7457

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
4936 San Francisco Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 660 17

(c) City or town St. Louis, 7 9
(If outside city or town limits, write "RURAL")

(d) Street No. #4936 San Francisco, Ave. 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME AUGUST WEINDEL.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Male. 0

5. Color or race White.

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

6. (b) Name of husband or wife Frances P. Weindel.

6. (c) Age of husband or wife if alive 71. years

7. Birth date of deceased November (Month) 17, (Day) 1871. (Year)

8. AGE: Years 69. Months 9. Days 28. If less than one day hr. min.

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

10. Usual occupation Barber.

11. Industry or business

FATHER
12. Name Ambrose Weindel.
13. Birthplace Baden, (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Frederica Dumbeck.
15. Birthplace Baden, (City, town, or county) Germany. (State or foreign country)

16. (a) Informant Clarence A. Weindel.
(b) Address 4936 San Francisco Ave.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 9 - 17 - 41, (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Boulevard.

19. (a) SEP 15 1941 (Date received local registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15
year 1941 hour 4:15 minute A.M.

21. I hereby certify that I attended the deceased from Aug. 12, 1941 to Sept. 14, 1941
that I last saw him alive on Sept. 14, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy.

Due to Cerebral hemorrhage.

Due to

Other conditions Uremia, Chr. nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations None.

Of autopsy

Duration: Aug. 12 to Sept. 14.

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

1316

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 G. C. Brooks (M. D. or other)
Address Paul Brown Bldg. Date signed 9/15/41

(Licensed Embalmer's Statement on Reverse Side)

MA. 1588.

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 Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, Mo

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

If this body is not embalmed, fact should be so stated above.