

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 Days  
(Specify whether  
In this community 54 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 001  
(c) City or town St. Louis 2411  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3333 So. Jefferson Ave. 7  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME John C. Weindel  
John Conrad Weindel

3. (b) If veteran, name war No  
3. (c) Social Security No. 702-09-0820

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lois  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased May 22 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 7 15 hr. min.

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

10. Usual occupation Machinist

11. Industry or business American Ref & Trans. Co.

MOTHER FATHER { 12. Name John A. Weindel  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Susie Lohmann  
15. Birthplace Summerfield Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Lois Weindel  
(b) Address 3333 So. Jefferson Ave.

17. (a) Burial (b) Date thereof Jan-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director John Weindel  
(b) Address JAN 3654 Gravois Ave.

19. (a) JAN 1942 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1942 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from 12-30-41 to 1-6-42, 19...; that I last saw him alive on 1-6-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Coronary heart failure  
Due to Chronic myocardial insufficiency

Due to Myocardial degeneration  
Other conditions no pneumonia - myocardial degeneration  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....  
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?

While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature Waring S. Cron (M. D. or other).....  
Address McC. Park, No. 1014 Date signed 1-6-42

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

JAN 7 1942

**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..... *Frank J. Poland*

Licensed Embalmer No. *12645*

P. O. Address..... *Admission*

**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.**