

FILED MAR 24 1942

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph Hospital
 (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 32 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 733 1/2 9th
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

LOUIS WEINSHIENTK

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 Married

6. (b) Name of husband or wife Sarah

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased

04 (Month)

3 (Day)

1963 (Year)

8. AGE:

Years

Months

Days

If less than one day

78

4

28

hr. min.

9. Birthplace

Baltic

(City, town, or county)

Russia

(State or foreign country)

10. Usual occupation

president of newspaper

11. Industry or business

MOTHER FATHER

12. Name unknown

13. Birthplace unknown

(City, town, or county)

(State or foreign country)

14. Maiden name unknown

15. Birthplace unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant R. Weinschientk

(b) Address 1916 Louisiana

17. (a) burial

(b) Date thereof 3-1-42

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Catholic

St. Joseph's Catholic

18. (a) Signature of funeral director John J. Nestor

John J. Nestor

(b) Address St. Joseph, Mo.

19. (a) 3/1/42

(b) John J. Nestor

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
 year 42 hour one minute 25

21. I hereby certify that I attended the deceased from Feb 20 1942 to Mar 1 1942
 that I last saw him alive on Feb 28 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis with Uremia

Due to Hypertensive Cardiovascular and Uremic

Due to Coronary occlusion

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 131a

Of autopsy _____

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 John J. Nestor (M. D. or other) M.D.
 Address 620 1/2 9th St. JOSEPH, Mo. signed 3/1/42

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

Dr. Safertin 136 Park Lane

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.....

Not Embalmed 8-1-42, Registered Apprentice No.....
working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 2300

P. O. Address St Joseph Mo

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.