

FILED FEB 16 1943

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:
2919 Barrett St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2919 Barrett St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1943 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 1, 1942
..... 19..... to Feb. 2, 1943 19.....
that I last saw him alive on Feb. 6, 1943 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration
Due to cardiac decomposition
Due to myocarditis

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Clarence H. Drumm (M. D. or other).....
Address 1927 1/2 Union Date signed 2-4-43

3. (a) PRINT FULL NAME Jacob Weynacht
3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Louise Weynacht 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Aug. 11 1848
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
94 5 21 hr. min.

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

10. Usual occupation Police Officer

11. Industry or business.....

MOTHER FATHER } 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. F. Drehmann
(b) Address 1905 Union Blvd.

17. (a) Burial (b) Date thereof 2-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) FEB 4 1943 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

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

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.....

Robert M. Sanford

Licensed Embalmer No.....

2273

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.