

#37919

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 884

FILED FEB 7 1945

Registration District No.

Primary Registration District No. 1003

Registrar's No. 778

## 1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
 (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 3 days 0  
 In this community 75 years (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Lena Weinberg

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2  
 6. (b) Name of husband or wife Paul 6. (c) Age of husband or wife if alive -- years  
 7. Birth date of deceased Jan 16 1870  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 0 6 hr. min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business

MOTHER FATHER  
 12. Name Gustav Luther  
 13. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Maria Strassner  
 15. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna De Greeff(b) Address 3720 Beramee17. (a) Burial (b) Date thereof Jan 25 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New St. Marcus Cem18. (a) Signature of funeral director Beiderwieden F. H. Inc.(b) Address 1936 St. Louis Ave19. (a) JAN 25 1945 J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis 247  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2232 Keokuk  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country U

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22nd  
year 1945 hour 3:30 minute P. M.21. I hereby certify that I attended the deceased from 1/19/45  
to 1/22/45, 1945, to 1/22/45, 1945;  
that I last saw her alive on 1/22/45, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death

arteriosclerotic heart disease

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

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 Herbert C. Fritz 0  
1515 Lafayette 2/23/45  
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK

**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 Delix J. Krispin  
Licensed Embalmer No. ~~34~~ 3497  
P. O. Address 1936 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.**