

FILED MAR 20 1945

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 44

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Noyes Hospital 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Weeks
(Specify whether years, months or days)

In this community 37 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL") 4

(d) Street No. 105 Westwood
(If rural, give location)

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

3. (a) PRINT FULL NAME REGINA WEINBACH

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife M.P. Weinbach

6. (c) Age of husband or wife if alive 1883 years

7. Birth date of deceased 3 - 15 - 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 2
If less than one day hr. _____ min. _____

9. Birthplace Romania 6
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Anchel Paves

13. Birthplace Romania 6
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Romania 6
(City, town, or county) (State or foreign country)

16. (a) Informant M.P. Weinbach

(b) Address 105 Westwood, Columbia, Mo.

17. (a) Removal (b) Date thereof 2-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Parker Funeral Service
Columbia, Mo.

(b) Address _____

19. (a) 2-17-45 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
year 1945 hour 1 minute 55 P. M.

21. I hereby certify that I attended the deceased from Jan 19 1945, to Feb 17 1945;
that I last saw him alive on February 17 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage 28 hrs
Duration _____

Due to Arteriosclerosis & hypertension

Due to _____

Other conditions None
(Includes pregnancy within 3 months of death)

Major findings: Of operations none 30
Of autopsy W

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 0

23. Signature AW Kampshmidt (M. D. or other) _____

Address Columbia, Mo. Date signed 2-17-45

1250

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-19-45

JUN 26 1945

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 Thomas L. Zaring

Licensed Embalmer No. 41321

P. O. Address Columbia, 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.