S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11903

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3426

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: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community One week

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96
(c) City or town ~~St. Louis~~ Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. ~~% Christian Hospital~~ 2330 Hood Ave
(If rural, give location) NR
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Russell Otto Weinzierl

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 8 (Day) 1945 (Year)

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

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

10. Usual occupation nil

11. Industry or business

MOTHER FATHER

12. Name Russell O. Weinzierl

13. Birthplace Maplewood (City, town, or county) Mo. (State or foreign country)

14. Maiden name Elizabeth S. Gardner

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

16. (a) Informant Elizabeth Weinzierl
(b) Address 2330-Hood Ave-Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Park

18. (a) Signature of funeral director Baumann Bros. Inc.
(b) Address 2504-Woodson Rd-Overland

19. (a) APR 17 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 15 year 1945 hour 6:15 minute P M.

21. I hereby certify that I attended the deceased from April 13-1945, 19..., to April 15-1945, 19...; that I last saw him alive on April 15, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Erythroblastosis fetalis	2 hr
Due to	
Due to	
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 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 Adrian Bleyer (M. D. ~~or other~~)
Address 607 N. Grand Blvd Date signed 4/17/45

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.