

Registration District No. 162

Primary Registration District No. 5595

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL ROCK TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
HIGHWAY K 1/2 M. EAST OF HIGHWAY 61 3
(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)

3. (a) PRINT FULL NAME LAWRENCE W. WEINDEL
(b) If veteran, name war WORLD WAR II
(c) Social Security No. 500-18-6077

4. Sex M. Color or race W.
5. Color or race W.
6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased: NOV 30 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 2 3 hr. min.

9. Birthplace: ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation SHEET METAL WORKER.

11. Industry or business _____

12. Name JOSEPH WEINDEL

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

14. Maiden name ANNA STROOT

15. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant JOSEPH W. WEINDEL

(b) Address BLOW ST. ST. LOUIS MO

17. (a) BURIAL (b) Date thereof FEB. 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. PETER & PAUL CEM. ST. LOUIS MO

18. (a) Signature of funeral director JOSEPH FENDLER FUN HOME

(b) Address MICHIGAN + NAEDEL ST. LOUIS MO.

19. (a) FEB 3-47 (b) Phil J. Kirk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS MO
(c) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL")
(d) Street No. MICHIGAN AVE.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Automobile accident
Verdict of coroner.
Due to July 7
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 190 cc. b.
Of operations 28
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) Accident - 50

(b) Date of occurrence July 30 1947

(c) Where did injury occur? supermarket mo

(d) Did injury occur, in or about home, on farm, in industrial place, in public place?
Public Highway
While at work? _____ (Specify type of place)
(e) Means of injury Automobile accident

23. Signature T. B. Edwards (M. D. or other) 3

Address Cedar Hill Mo Date signed 2/3/47

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

140

(Licensed Embalmer's Statement on Reverse Side)

Raw off Roadway 2/3/47

MAY 20 1947

Date Filed 2-8-47
District File Number

District Health Officer No. 9

RECEIVED

FEB 20 1947

MAY 2 1947

MAY 13 1947

JUL 1 1947

MAY 1 1947

APR 17 1953

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 Arthur W. Heiligtag

Licensed Embalmer No. 3876

P. O. Address _____

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.