No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33137

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2325

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: City Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — — (Specify whether In this community 35 Y/R. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 407 A BLASE AVE. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME IRENE WEINMAN

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 SINGLE

6. (b) Name of husband or wife — — — — — — — —

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

7. Birth date of deceased NOV. (Month) 24 (Day) 1897 (Year)

8. AGE: Years 49 Months 9 Days 6 If less than one day hr. min.

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

10. Usual occupation OFFICE WORK

11. Industry or business

FATHER
12. Name ERNST WEINMAN
13. Birthplace ILL (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Bischoff
15. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Ernest Weinman
(b) Address 8536 Church Rd

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept 2-1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. PETER & Paul Cem.

18. (a) Signature of funeral director Diedrich F. Hauer
(b) Address 8319 Halls Ferry Rd.

19. (a) (Date received local registrar) (b) J. F. Bereck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Sept~~ Aug day 30 year 1947 hour 9 minute 31 a M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Gun-shot Wound of Skull and brain self inflicted at her home on or about Aug 30, 1947 exact time unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

164 C

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Aug 30 1947

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Cocktail

23. Signature [signature] (M. D. or other) 3

Address [signature] Date signed 9/2/47

Jefferson City Printing Co.

(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.....

Licensed Embalmer No. 4053

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.