No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 3229

Registrar's No. 356

1. PLACE OF DEATH:
(a) County
(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: 5707 Manchester Rd. /
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 040
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5707 Manchester Rd. 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary Elizabeth Weingartner
3. (b) If veteran, name war
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 Charles
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased November 18, 1860 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	1	23	hr. min.

9. Birthplace Calloway Co., Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace Unknown /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Miller 8
15. Birthplace Calloway Co., Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Weingartner
(b) Address 5707 Manchester Rd.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 1-14-1948 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.
19. (a) JAN 13 1948 (Date received local registrar) J. F. Bruecek (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 11 year 1948 hour 8:00 minute a M.
21. I hereby certify that I attended the deceased from Dec 13, 1947, to Jan 11, 1948 that I last saw her alive on Jan 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Arteriosclerosis	years
Due to	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN — Underline the cause of 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? — (Specify type of place)
While at work? — (e) Means of injury — 0
23. Signature Vincent Hormand (M. D. or other)
Address 3101a Sutton ave Maplewood Mo Date signed 1-12-48

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.