

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

18791
State File No.

FILED JUL 10 1948

Registration District No. 12

Primary Registration District No. 1000

Registrar's No. 703

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community 15 years.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Clarence Edward Wineinger

3. (b) If veteran, name war None 3. (c) Social Security No. 491-09-5192

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Mergie Wineinger 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May 5 1903
(Month) (Day) (Year)

8. AGE: Years 45 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Maloy Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Iowa & Missouri Log Co.

12. Name Jacob C. Wineinger
13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Mary Alice Baugh
15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mergie Wineinger

(b) Address 1212 N. 12th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof July 2, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) July 8, 1948 (b) E. E. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1920 Dewey 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 June day 30th
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 21, 1948, to June 30, 1948;
that I last saw him alive on June 30, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death
Congestive Heart Failure
Uremia
Due to Hypertension

Duration
14 days
Ukn.
1 yr.

Due to XX

Other conditions Nephritis, Chr.
(Include pregnancy within 3 months of death)

Ukn.

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 Walter Meierhoffer (M. D. or other) MD
Address 405 Toole Blvd. St. Joseph, Mo. Date signed July 4, 1948

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

300
47
39
3908

JUL 23 1940

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 *Albert C. Harrington*.....

Licensed Embalmer No. *3258* Missouri.....

P. O. Address *St. Joseph, 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.