No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 12 1948

318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 34826

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 9593

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: Jewish Hospital 0
(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 St. Louis 96

(c) City or town Richmond Heights 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. 1348 McCutcheon Rd 0
(If rural, give location) 1

(e) Citizen of foreign country? N.R. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Augusta Helena Weinfurth

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Edward J. Weinfurth

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

7. Birth date of deceased 2/9/1880 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	8	22	hr. min.

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

10. Usual occupation At Home

11. Industry or business .....

MOTHER FATHER

12. Name Frederick Kitzing 4

13. Birthplace (City, town, or county) Germany (State or foreign country) 1

14. Maiden name Lillie Unknown

15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Elizabeth Weinfurth

(b) Address 1348 McCutcheon Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/48 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Robert J. Ambruster Inc

(b) Address 6633 Clayton Road

19. (a) NOV 4 1948 (Date received local registrar) J. B. Lessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st. year 1948 hour 6.30 minute P M.

21. I hereby certify that I attended the deceased from 9/23 1947, to 11/1/48, 19..... ; that I last saw her alive on 11/1/48, 19..... ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rheumatic Heart Disease	60 yrs
Intercapillary Glomerulosclerosis	2 yrs.
Due to: Diabetes Mellitus	2 yrs.
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? (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature L. Hance M.D. (M. D. or other)

Address 3720 Washington Ave Date signed 11/3/48

(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 Ernest W. Spillard

Licensed Embalmer No. 4080

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.