

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3381

State File No. ....  
867

FILED FEB 14 1949

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|--|--|---|--|---|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. _____  |   | Registrar's No. _____  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis, MO.</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>St. Louis</b> |   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>City</b>  |  | c. LENGTH OF STAY (In this place)<br><b>4-3-45 to 1-28-49</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>City</b>   |   | d. STREET ADDRESS (If rural, give location)<br><b>5800 Arsenal</b> |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary Hospital</b>   |  |   |  | d. STREET ADDRESS (If rural, give location)<br><b>5800 Arsenal</b>  |   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Leonard Weinheimer</b>   |  |   | a. (First) _____ b. (Middle) _____ c. (Last) _____   |   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Jan 28 1949</b>        |   |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>  |   | 8. DATE OF BIRTH <b>1-17-1885</b>                                  |   |  |
| 9. AGE (In years) <b>64</b>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____  |  | IF UNDER 18 HRS.<br>Hours _____ Min. _____  |   |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Foreman (Retired)</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY _____  |   |   | 11. BIRTHPLACE (State or foreign country)<br><b>St. Louis, Mo</b>  |   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>  |  |   | 13a. FATHER'S NAME<br><b>Fredrick Weinheimer</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Louisa Hein</b> |  |   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Elizabeth Weinheimer</b>   |  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Unknown</b> |   | 16. SOCIAL SECURITY NO.<br><b>492-05-3429</b>   |  |   |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Leonard Weinheimer Jr.</b>   |  |   | 17. ADDRESS<br><b>2409 S. 127th</b>  |   |   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intra-cerebral Hemorrhage</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Carcinoma of Cecum</b><br><b>1-2 yrs</b> |  |   |   |  |   |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>33 ft</b>  |  |   |   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |  | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____   |   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br><b>33 ft</b>  |   |  |   |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to <b>Jan 28</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>Jan 28</b> , 19 <b>49</b> , and that death occurred at <b>1:15 p.m.</b> , from the causes and on the date stated above. |  |   |  |   |   |  |   |  |
| 23a. SIGNATURE<br><b>Cletus L. Krag, M.D.</b>  |  |   | (Degree or title) _____  |   |   | 23b. ADDRESS<br><b>5600 Arsenal, St. Louis</b>                     |   |  |
| 23c. DATE SIGNED<br><b>29 Jan 49</b>   |  |   | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 24b. DATE<br><b>1-31-1949</b>                   |  |   |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Wardell Hunt</b>   |   |  |   |  |
| 25. ADDRESS<br><b>1926 Allen</b>   |  | DATE REC'D BY LOCAL REG.<br><b>JAN 30 1949</b>  |  | REGISTRAR'S SIGNATURE<br><b>J. B. Laster</b>  |   |  |   |  |

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

**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 \_\_\_\_\_

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Benj. L. Dorman*

Licensed Embalmer No. *2272*

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address *1926 Allen Ave*

**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.**