

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3410
0807

State File No.
Registrar's No.

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 3929 Fairview Ave		e. STREET ADDRESS (If rural, give location) 16 3929 Fairview Ave	

3. NAME OF DECEASED (Type or Print) Margaret Weindell			4. DATE OF DEATH (Month) (Day) (Year) 1-23-1954					
a. (First)	b. (Middle)		c. (Last)					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 8-1-1877	9. AGE (In years last birthday) 76	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 24 HRS. Hours	if UNDER 24 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Steven Bontemps		13b. MOTHER'S MAIDEN NAME Barbara Holblab		14. NAME OF HUSBAND OR WIFE William Weindell Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Wm Weindell		ADDRESS 3929 Fairview Ave	

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		DUE TO (b) Auricular fibrillation				3 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Diabetes				1 year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		cerebral arterio sclerosis				10 years	
19a. DATE OF OPERATION 1		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 260X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-21, 1953**, to **1-22, 1954**, that I last saw the deceased alive on **1-22, 1954**, and that death occurred at **11:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Eugene A Vogel M.D.		23b. ADDRESS 8325 S. Grand		23c. DATE SIGNED 1-23-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-26-1954		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) 7901 Gravois Ave Mo	

DATE REC'D BY LOCAL REG. JAN 26 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Fregonier		ADDRESS 6409 Gravois Ave	
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FR 0549 called 6 PM
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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Law M. Seymour

Licensed Embalmer No. 437

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.