

FILED JUN 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22274**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1379**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 CLAYTON		c. LENGTH OF STAY (In this place) D.O.A.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPITAL		c. CITY OR TOWN MAPLE WOOD 1	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		e. STREET ADDRESS (If rural, give location) 3550 COMMONWEALTH AVE	
b. (Middle)		c. (Last) WEINMANN	
4. DATE OF DEATH (Month) (Day) (Year) JUNE 3 1956			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 16, 1907
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK	
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME GEORGE WEINMANN		13b. MOTHER'S MAIDEN NAME ALPHARETTA BONELITZ	
14. NAME OF HUSBAND OR WIFE MABEL LITTLE WEINMANN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 497-07-9385	
17. INFORMANT'S SIGNATURE OR NAME Mrs Mabel L. Weinmann		ADDRESS 3550 Commonwealth	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 15 min	
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary Arteriosclerosis	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Marie Strumpel's Disease			
Conditions contributing to the death but not related to the disease or condition causing death. 1) Diabetes mellitus			
2) Right Coronary artery for tuberculosis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		4201A	
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?			
22. I hereby certify that I attended the deceased from March, 1956 , to June, 1956 , that I last saw the deceased alive on 6/2, 1956 and that death occurred at 8:45 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Charon Steudlin M.D.		23b. ADDRESS 457 No. Kingshighway	
23c. DATE SIGNED 6/3/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-6-56	
24c. NAME OF CEMETERY OR CREMATORY LAUREL HILLS GARDEN		24d. LOCATION (City, town, or county) (State) ST. LOUIS Co. MO.	
DATE REC'D BY LOCAL REG. 6-6-56		REGISTRAR'S SIGNATURE Hubert R. Dombrowski	
25. FUNERAL DIRECTOR'S SIGNATURE MITTELBERG FUNERAL HOME		ADDRESS WEBSTER GROVES, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
48

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 *Robert M. Murray*

Licensed Embalmer No. *374*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.