JUL 24 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
19976

1. PLACE OF DEATH
County: Buchanan
Township:
City: St. Joseph (No. 1418 Bellevue St. St. Ward)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 767

2. FULL NAME: Phillip F. Weckerlin

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martha Weckerlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May, 29, 1871

7. AGE: Years 57 | Months 0 | Days 16 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Express driver.
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 10 yrs.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo.

PARENTS
10. NAME OF FATHER: Phillip Weckerlin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland
12. MAIDEN NAME OF MOTHER: Elizabeth Knoth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs. Martha Weckerlin
(Address): 1418 Bellevue St.

15. FILED JUN 18, 1928 John G. [illegible] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June, 15, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1928, to June 15, 1928, that I last saw h. alive on June 10, 1928, and that death occurred, on the date stated above, at 6.15 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute heart dilitation
HTB
Ca
[illegible]
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cancer in Mediastinum about 1 yr. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Clinical
(Signed) L C Baumann, M. D
6/15, 1928 (Address) Lafflin Bldg. St. Joseph. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Mora Cemetery
DATE OF BURIAL: June, 18, 28

20. UNDERTAKER: Walter Meierhoffer
ADDRESS: 1302 Faraon St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.