

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

Do not use this space.

31178

29

1. PLACE OF DEATH

County Jefferson

Registration District No. 423

Township Rock

Primary Registration District No. 5578

City..... (No.....)

File No.....

Registered No.....

St..... Ward)

2. FULL NAME

Wilhelmina Weichert

(a) Residence No. Kennswick No R #3 St. Ward.....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

Paul Weichert

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct 12 1859

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>69</u>	<u>11</u>	<u>4</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home House Work
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Anton Herd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Germany

14. INFORMANT (Address)

Raymond Weichert
Kennswick No #3

15. FILED

9/14, 1929
H. M. Ebel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept 16 1929

17. I HEREBY CERTIFY, That I attended deceased from
Aug 1st 1929, to Sept 16, 1929
 that I last saw him alive on Sept 16, 1929, and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ataxia Paraplegia
81A

(duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Do not know

(duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

Home

IF NOT AT PLACE OF DEATH,

DID AN OPERATOR PRECEDE DEATH? DATE OF

no

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical

(Signed) W. Dutton, M. D.

, 19 (Address) Leuton 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

DATE OF BURIAL

St John Catholic Church

Sept 19 1929

20. UNDERTAKER

ADDRESS

J. W. G. Cook

Leuton Mo.

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.

