WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

APR 15 1936

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

Do not use this space.

9457

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township Primary Registration District No. 1001
City St Joseph (No. 1123 Sixth ave St. Ward)

File No.
Registered No. 466

2. FULL NAME Edward Weddel
(a) Residence, No. 1123 Sixth ave St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 54 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 wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Pauline Weddel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5 1862
7. AGE YEARS 73 MONTHS 4 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retire RR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. worker Gt Western
10. Date deceased last worked at this occupation (month and year) abt 1916
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME August Weddel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

MOTHER
15. MAIDEN NAME Do Not Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

17. INFORMANT (ADDRESS) Mrs Pauline Weddel St Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem DATE March 30 1936
19. UNDERTAKER (ADDRESS) Stamey Fun Home so Joseph Mo
20. FILED 3-30 1936 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28, 1936
22. I HEREBY CERTIFY, That I attended deceased from 2/13, 1936 to 3/28, 1936
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Cerebrosis following	
Pneumonia Bilateral	

Other contributory causes of importance: —

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Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19....
Where did injury occur? ....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. T. Stamey, M. D.
(Address) 2624 S. J. St. Stamey