

562

Aug 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph (No. State Hospital # 2)

Registration District No. 33
Primary Registration District No. 3001

File No. 28402
Registered No. 635
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. P.O. # 2 St. Joseph, Mo. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Anna K. Weymer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Grower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

13. NAME John Weymer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

15. MAIDEN NAME De. Sara Benschel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Thrift Funeral Home DATE Aug 31 1938

19. UNDERTAKER (ADDRESS) St. Joseph, Mo.

20. FILED 8/30 1938 A. J. Neel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1937, to Aug. 29 1938.

I last saw him alive on Aug. 29 1938. Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset 8-28-38

Other contributory causes of importance: Senility

Name of operation _____ 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) R. Kuhlman, M. D.

(Address) State Hosp. No. 2

STATEMENT BY LICENSED EMBALMER

I, John Roy Stacey, Licensed Embalmer No. 2435
hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by myself

or by _____, Registered Apprentice No. _____

(Signed)

John Roy Stacey
Licensed Embalmer No. 2435

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Failure to comply with the above regulations constitutes grounds for revocation of license.)