

REC'D APR 11 1939

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

10083  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township Washington Primary Registration District No. 1001 Registered No. 238  
 (c) City St. Joseph (d) Street No. 1425 Felix St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 5 yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

16.3 Joseph Weipert  
 (a) Residence, No. 1425 Felix St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1859.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 10 22

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Retired Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) New Hurlinger  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Ambrose Weipert  
 14. BIRTHPLACE (CITY OR TOWN) Wertenburg  
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Marie Weidmaier  
 16. BIRTHPLACE (CITY OR TOWN) Wertenburg  
 (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Henry Kneib  
1425 Felix Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Cemt.  
 PLACE New Hurlinger, Mo. Mar. 11, 1939

19. FUNERAL DIRECTOR (NAME) H.O. Sidenfaden & Son  
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Mar. 10, 1939 H. J. Nestlebusch  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1939 to March 9, 1939  
 I last saw him alive on March 7, 1939. Death is said to have occurred on the date stated above, at 3:20 P.M.

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

Chronic Endocarditis Date of onset unknown  
General arterio-sclerosis unknown

Other contributory causes of importance:  
None

Name of operation None Date of None  
 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. J. Corby M. D.  
 (Address) 411 Corby Bldg. St. Joseph, 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.

**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, .....

Elbert E. Harrington

, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Elbert E. Harrington*

Licensed Embalmer No. 3258.

P. O. Address 1802 Union Str. St. Jose

**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 this body is not embalmed, above space should be left blank.**