

FILED FEB 12 1940

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

1721

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township 0 Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 1119 Lafayette 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 27 yrs. - mos. - da. (f) How long in U. S., if of foreign birth? 27 yrs. - mos. - da.

Registered No. 56

2. PRINT FULL NAME

600 Phillip Wewer
 (a) Residence, No. 1119 Lafayette St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ursula Wewer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 3, 1872</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>67</u>	<u>5</u>	<u>16</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Cabinet Maker</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Self</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1938</u>			
11. Total time (years) spent in this ? occupation				
12. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Grand Duchy De Luxembourg</u>				
FATHER	13. NAME <u>Phillip Wewer</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Luxembourg</u>			
MOTHER	15. MAIDEN NAME <u>Barbara - Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Luxembourg</u>			
17. INFORMANT <u>Frank Degginger</u> (ADDRESS) <u>1613 Bellevue - St. Joseph, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Mount Olivet Cem</u> PLACE <u>St. Joseph, Mo.</u> DATE <u>Jan. 25, 1940</u>				
19. FUNERAL DIRECTOR (NAME) <u>H.O. Sidenfaden & Son</u> (ADDRESS) <u>1802 Union Str. St. Joseph, Mo.</u>				
20. FILED <u>Jun 24 1940</u> <u>W.D. Westphal</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18 or 19 194022. I HEREBY CERTIFY, That I viewed deceased from Jan 22nd 1940 to Jan 22nd 1940, 19.....I last saw h. #####, 19..... Death is said to have occurred on the date stated above, at Unknown

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

Mitral Insufficiency

Date of onset

Other contributory causes of importance: none

Name of operation..... Date of.....

What test confirmed diagnosis? History Was there an autopsy? no23. 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? N.O.If so, specify
(Signed) E. V. Tadlock - Coroner D.(Address) King Hill Bldg.

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Albert E. Hanington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Missouri.

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.