

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24672**

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **797**

1. PLACE OF DEATH:

(a) County Ruchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 2 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Kalb
(c) City or town Maysville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1940 hour 4 minute 10 PM.
21. I hereby certify that I attended the deceased from July 22 1940, to July 23 1940;
that I last saw him alive on July 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis
Due to perforated appendix
Due to 121
Other conditions Campylobacterium
(Include pregnancy within 3 months of death)
Major findings: None performed
Of operations _____
Of autopsy Not performed

Duration about 3 days
Physician _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME William Weigand 253

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 6, 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>3</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name unknown

13. Birthplace unknown

14. Maiden name Rose Weigand

16. Birthplace Chicago, Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Wachendorfer

(b) Address 704 Lincoln St St Joseph, Mo

17. (a) Removal (b) Date thereof 7-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cope Cemetery near We

18. (a) Signature of funeral director Tracy Barry Fuhera

(b) Address 218 South 10th St St Joseph, Mo.

19. (a) 7/26/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
therby, Mo. (Specify type of place) _____
While at work? no (e) Means of injury _____
23. Signature [Signature] (M. D. or other) 1
Address St Joseph, Mo Date signed 7-24-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

John E. Myers

Licensed Embalmer No.

3220

P. O. Address

St. Joseph - Mo

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.