

FILED MAR 19 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 3014

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
In this community at his home Specify whether  
years, months or days

3. (a) PRENT FULL NAME Lawrence Herman Weekamp

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Francis Weekamp 6. (c) Age of husband or wife if alive, years \_\_\_\_\_

7. Birth date of deceased May 15th, 1906  
(Month) (Day) (Year)

8. AGE: Years 35 Months 8 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Elston Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name William Weekamp

13. Birthplace no record Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Nora Welch

15. Birthplace no record Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Francis Weekamp

(b) Address Centertown Mo.

17. (a) Burial (b) Date thereof Feb. 9th, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Martins Cem

18. (a) Signature of funeral director W. H. Steffen

(b) Address Mass Mo. Mo.

19. (a) 2-13-42 (b) Norma Richter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Centertown rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th  
year 1942 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from January 25 1942 to Feb. 6 1942  
that I last saw him alive on Feb. 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Coma  
Due to Acute Nephritis 1.25.42  
Influenza & pneumonia Dec 11, 1942  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 130  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. A. Cassiman M.D.  
Address Jefferson City Date signed 2-13-42

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

16  
5  
4

894

**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 *G. J. Steffens*

Licensed Embalmer No. *2307*

P. O. Address *Russellville 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.**