

FILED OCT 10 1944

Registration District No. 35

Primary Registration District No. 3010

1. PLACE OF DEATH: Cape Girardeau

(a) County Cape Girardeau

(b) City or town Cape Girardeau, Mo.

(c) Name of hospital or institution: St. Francis Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 29 hrs.

In this community 29 Hours

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Rural - Perryville

(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John C. Weinrich

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male

5. Color White race

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emelie Weinrich

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 5 1865

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>6</u>	<u>0</u>	hr. min.

9. Birthplace Perry Co. Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER

12. Name Henry Weinrich

13. Birthplace Germany

(City, town, or county) (State or foreign country)

14. Maiden name Margrete Bergman

15. Birthplace Germany

(City, town, or county) (State or foreign country)

16. (a) Informant George Weinrich

(b) Address Perryville Mo

17. (a) Burial (b) Date thereof 9-8-1944

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longtown, Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 9-7-44 (b) W. Phelps

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 5

year 1944 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Sept 4 1944 to Sept 5 1944

that I last saw him alive on Sept 5 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular-renal syndrome

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: 131a

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 C

23. Signature R.C. Ritter, M.D. (M. D. or other)

Address Cape Girardeau Mo Date signed Sept 6 1944

Duration 1 yr

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

6  
1  
4

RECEIVED

District Health Officer No. 4

District File Number 1044-4400

Date Filed 10-7-44

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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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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, fact should be so stated above.