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

18462

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 9 1946

State File No. 19586

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 716

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2018 Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 years (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2018 Francis
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs Carrie Weihe

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Walter C.

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

7. Birth date of deceased November (Month) 5 (Day) 1864 (Year)

8. AGE: Years 81 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Honesdale (City, town, or county) Pa (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Charles Robinson
13. Birthplace Not Known (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Ellen Not Known
15. Birthplace Not Known (City, town, or county) Englendt (State or foreign country)

16. (a) Informant Mrs Edith Lewin

(b) Address St Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/46 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph, Mo.

19. (a) June 24, 1946 (Date received local registrar) H J Nestlebush (Registrar's signature) By V.N.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1946 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from June 20th 1946, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature B. W. Tadlock Coroner (M. D. ~~or other~~)

Address King Hill Bldg Date signed 4/2/46

54 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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, ~~XXX~~

~~Registered Apprentice No.~~

working under my personal supervision.

Signed Robert L Yaple

Licensed Embalmer No. 3308

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, fact should be so stated above.