

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36595**

FILED DEC 4 1946
Registration District No. **116**

Primary Registration District No. **3020**

Registrar's No. **125**

1. PLACE OF DEATH:

(a) County **Franklin.**
(b) City or town **Washington.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **434 Dubois Ave.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None.**
(Specify whether
In this community **60 years.**
years, months or days)

3. (a) PRINT FULL NAME **Rosina Elizabeth Weggenmann.**

3. (b) If veteran, **X** name war **X**
3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband **Charles Weggenmann.**
6. (c) Age of husband **deceased** if alive **deceased** years
7. Birth date of deceased **December 13th, 1861**
(Month) (Day) (Year)

8. AGE: Years **84** Months **11** Days **13**
If less than one day
hr. _____ min.

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

10. Usual occupation **House-work.**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Joseph Selz,**
13. Birthplace **Unknown, Germany.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Lamke,**
15. Birthplace **Unknown, Germany.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Julius H. Weggenmann**
(b) Address **434 Dubois Ave. Washington, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 29, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington, Mo.**

18. (a) Signature of funeral director **Melnyk & Vitt, Inc.**

(b) Address **Washington, Mo.**

19. (a) **11/27/46** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
(c) City or town **Washington**
(If outside city or town limits, write "RURAL")
(d) Street No. **434 Dubois Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **26th,**
year **1946** hour **11:00** minute **40 A. M.**

21. I hereby certify that I attended the deceased from **Nov 8**
to **Nov 22**, 19**46**
that I last saw him alive on **Nov 22**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Suppuration of skin**
Carcinomatous

Due to _____

Due to _____

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations **53**

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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? **0**

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) **M.D.**

Address **Washington Mo** Date signed **11/27/46**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-2-46

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 me

working under my personal supervision.
_____, Registered Apprentice No. _____

Signed

Licensed Embalmer No. 2387

P. O. Address Washington D.C.

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.