

7. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

7504

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 10 1947

Registration District No. 319

Primary Registration District No. 6079

Registrar's No. 17

1. PLACE OF DEATH:

(a) County ST. GENEVIEVE

(b) City or town ST. GENEVIEVE - RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. GENEVIEVE ⁹⁵

(c) City or town ST. GENEVIEVE - RURAL ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) ⁰

(e) Citizen of foreign country? NO (Yes or No) ⁰

If yes, name country _____

3. (a) PRINT FULL NAME JOSEPHINE WEIKER

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

4. Sex FEMALE 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 JAN 23 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>1</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace WEINGARTEN MO
(City, town, or county) (State or foreign country)

10. Usual occupation BOOKS N MATE. of COUNTY HOME

11. Industry or business _____

12. Name WENDELL WEIKER

13. Birthplace WEINGARTEN MO
(City, town, or county) (State or foreign country)

14. Maiden name CAROLINE BOSAM

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Anton H. Weiker

(b) Address St. Genevieve Mo

17. (a) BURIAL (b) Date thereof 2/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WEINGARTEN MO

18. (a) Signature of funeral director Edw. L. Becker

(b) Address St. Genevieve Mo

19. (a) 3-1-47 (b) Theresa M. Karl
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 25 year 1947 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Aug 2 1944 to Feb 25 1947

that I last saw h. ER alive on Feb 25 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left Breast

Duration ?

Due to _____

Due to _____

Other conditions Metastatic Carcinoma
(Include pregnancy within 3 months of death)

Major findings: 7 left lung

Of operations 50

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 0

23. Signature Pl. Lanning (M. D. or other) _____

Address St. Genevieve Mo Date signed 2/25/47

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

75
60
6

350

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 347-329
Date Filed 3-8-47

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 L. C. Butler

Licensed Embalmer No. 1985

P. O. Address St. Augustine 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.