

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42605

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 422

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
(Specify whether
In this community 43 years
years, months or days)

3. (a) PRINT FULL NAME Ernest H. Weinrich

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mayme 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Oct. 25 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 1 15 hr. min.

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

10. Usual occupation Real Estate

11. Industry or business

12. Name George Weinrich 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Andre
15. Birthplace Alsace Lorraine 8
(City, town, or county) (State or foreign country)

16. (a) Informant R. L. Weinrich
(b) Address 310 W. 5th
17. (a) Burial (b) Date thereof 12-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo
19. (a) 12-12-47 (b) Q. J. Campbell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 514 W. 6th 4
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10
year 1947 hour 11 minute 30 p. M.
21. I hereby certify that I attended the deceased from Oct. 11 1947 to Dec. 10 1947
that I last saw him alive on 11 Dec. 10 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia Duration 1 day

Due to Pneumonia & Cystitis
Due to Old age & senility

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

Major findings:
Of operations

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) (a) Means of injury
23. Signature Q. J. Campbell (M. D. or other)
Address Sedalia Mo Date signed 12-11-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-2-48

Died 11:30 p.m. 1947

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

working under my personal supervision.

Signed

K. P. M. Cray

Licensed Embalmer No.

2153

P. O. Address

Sedalia 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.