

2
/47
7-39

FILED SEP 2 1948
Registration District No. 1982

Primary Registration District No. 3017

Registrar's No. 103

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

1. PLACE OF DEATH:
 (a) County **COOPER**
 (b) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
501 SEVENTH STREET
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **40 YEARS**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **FREDERICK ANTON WEIMHOLT**
 3. (b) If veteran, name war **NONE**
 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 **ANNA THERESA HORST**
 6. (c) Age of husband or wife if alive **71** years
 7. Birth date of deceased **DECEMBER 26 - 1876**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	7	19	hr. min.

9. Birthplace **MARTINSVILLE MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **CITY EMPLOYEE**
STREET DEPARTMENT

11. Industry or business **F.A. WEIMHOLT**

12. Name **F.A. WEIMHOLT**

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

14. Maiden name **PAMELA LUTZ**

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

16. (a) Informant **WILLIAM WEIMHOLT**
 (b) Address **BOONVILLE - MO.**

17. (a) **BURIAL**
(Burial, cremation, or removal) (b) Date thereof **8/16/48**
(Month) (Day) (Year)

(c) Place: burial or cremation **CATHOLIC CEMETERY**

18. (a) Signature of funeral director **STEGNER**
 (b) Address **BOONVILLE - MO.**

19. (a) **8-17-48**
(Date received local registrar) (b) **[Signature]**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **COOPER**
 (c) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL")
 (d) Street No. **501 SEVENTH STREET**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **AUGUST** day **14th**
 year **1948** hour **1:10** minute **a.** M.

21. I hereby certify that I attended the deceased from **Dec 21**, 19**47** to **Aug 14**, 19**48**
 that I last saw him alive on **Aug 13**, 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
 Due to **arterial hypertension**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations **none**
 Of autopsy **none**

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 **T. C. Beckett, M.D.**
 Address **Boonville Mo.** Date signed **8-14-48**

Duration
 @ no
 PHYSICIAN
 Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-1-48

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..... *James W. Stegwe*

• Licensed Embalmer No. *3780*

P. O. Address *Boonville, 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.