

FILED NOV 20 1948

State File No. _____

Registration District No. 182

Primary Registration District No. 5595

Registrar's No. 67

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL Rock
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
NEAR ARNOLD Mo. 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 _____
years, months or days)

3. (a) PRINT FULL NAME MAGDALENE WELAND.

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

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced, MARRIED.

6. (b) Name of husband or wife JOSEPH WELAND 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased JAN 25 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace STANBSK YUGOSLAVIA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name MICHAEL STRAHL
13. Birthplace YUGOSLAVIA
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MR. JOSEPH WELAND
(b) Address ARNOLD - Mo

17. (a) BURIAL (b) Date thereof NOV 8 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MANVILLE CATHOLIC CEMETERY

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK Mo.

19. (a) NOV 7 1948 (b) Phil. J. Kirk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JEFFERSON 50
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. NEAR ARNOLD - Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 5
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 14 1948
to Nov 5 1948

that I last saw her alive on 11-5-48, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to _____

Due to Senility

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? 0

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

23. Signature A. Berch (M. D. or other) MD.
Address Kimmswick Mo. Date signed 11/6/48

RECEIVED
District Health Officer No. 9,
District File Number
NOV 19 1948
Date Filed

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 Arthur W. Heiligtag
Licensed Embalmer No. 5872

P. O. Address.....

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.