

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 21

371

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

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Hermann</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON</u> <u>0362</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>719 East 3rd St</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Workmen's Hospital</u>			

3. NAME OF DECEASED a. (First) <u>OTTO</u> (Type or Print)		b. (Middle) <u>NICHOLAS</u>		c. (Last) <u>WEINLAND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-18-1951</u>	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u> <u>3</u>		8. DATE OF BIRTH <u>2-19-1877</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Days <u>0</u>		IF UNDER 12 HRS. Hours <u>29</u>		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Little Berger, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Nicholas Weinland</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Weinland</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY <u>496-26-3885</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pauline LaBoube Hermann, Mo.</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro Vascular Accident</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia - bilateral</u>				<u>3 days</u>	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 6-15, 1951, to 6-18, 1951; that I last saw the deceased alive on 6-17, 1951, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Cavel T. Shaw</u> <u>M.D.</u>		23b. ADDRESS <u>Hermann, Missouri</u>		23c. DATE SIGNED <u>6-18-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/20/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Berger, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6/19/51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	
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File No. _____
DISTRICT HEALTH OFFICE No. 4
JUL - 5 1951

RECEIVED

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.....
Student Embalmer

Student Embalmer No.....
Signed *Lester W. Dittus*

Licensed Embalmer No. *4329*
P. O. Address *St. Louis, 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.