

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7826

State File No.

FILED APR 4 1952

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo. c. LENGTH OF STAY (in this place) 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Maries
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp. 0630
d. STREET ADDRESS (If rural, give location) Vienna, Mo.

3. NAME OF DECEASED a. (First) Theresia b. (Middle) Weidinger c. (Last) Weidinger
(Type or Print),
4. DATE OF DEATH (Month) (Day) (Year) Mar. 29, 1952.

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Dec. 27, 1869. 9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 3 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housekeeping 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE John Weidinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Weidinger Jr. Vienna, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia
ANTECEDENT CAUSES asteroxlerotic heart disease
Morbid 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 asthritis & Senility
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4200 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 3/12, 1952, to 3/29, 1952 that I last saw the deceased alive on 3/29, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. Osseman MD (Degree or title) 23b. ADDRESS Jefferson City, Mo. 23c. DATE SIGNED 4/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Apr. 1, 1952 24c. NAME OF CEMETERY OR CREMATORY Visitation Cemetery 24d. LOCATION (City, town, or county) (State) Vienna, Mo.

DATE REC'D BY LOCAL REG. April 2-1952 REGISTRAR'S SIGNATURE R. Osseman MD 25. FUNERAL DIRECTOR'S SIGNATURE R. Osseman MD ADDRESS Vienna Mo.

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

264
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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

Signed.....
Student Embalmer No.....
Victor Bueschu

Licensed Embalmer No. *3701*

P. O. Address *Jefferson City*

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.