

1939 JUL 11

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21605
Do not use this space.

1. PLACE OF DEATH ² Buchanan ¹ Registration District No. ⁸⁵
 (a) County Buchanan / Registration District No. 85
 (b) Township Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 1212 N. 18th Street St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 0 yrs. 6 mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ⁸⁵ Martha G. Weidmaier
 (a) Residence, No. 1212 N. 18th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul Weidmaier
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 3, 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 9 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) Buchanan County (STATE OR COUNTRY) Missouri
 FATHER 13. NAME Albert Waller
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Rose Beck
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri
 17. INFORMANT Luella Feeney (ADDRESS) 1212 N. 18th Str. St. Joseph, Mo.
 18. BURIAL, CREMATION, OR REMOVAL St. Mary's Cemt. PLACE Hurlinger, Mo. DATE June 27, 1939
 19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son (ADDRESS) 1802 Union Street St. Joseph, Mo.
 20. FILED June 26, 1939 [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24th, 1939
 22. I HEREBY CERTIFY, That I attended deceased from March 12, 1939, to June 24, 1939
 I last saw her alive on June 24, 1939 Death is said to have occurred on the date stated above, at 11:20 PM
 The principal cause of death and related causes of importance were as follows:
 Bant's Disease (splenic anemia) Date of onset Feb. 1939
 Other contributory causes of importance: Chronic Cholecystitis
 Name of operation none Date of -
 What test confirmed diagnosis Clinical Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury...
 Nature of injury...
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify (Signed) J. J. Sidenfaden, M. D. (Address) 210 K. K. [unclear] St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11/5/7

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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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Robert P. Clarkson*

Licensed Embalmer No..... 4028.....

P. O. Address 1802 Union Str. St. Jose M

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, above space should be left blank.