

No. 300  
10.48

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11606**

BIRTH NO. **49-250942** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **182**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>12 Hours</b>		d. STREET ADDRESS (If rural, give location) <b>1416 South 19th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Methodist Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Carla</b>	b. (Middle) <b>Joan</b>	c. (Last) <b>Weipert</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 26, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>April 25, 1949</b>	9. AGE (In years last birthday) <b>12</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 4 HRS. Days <b>0</b>	IF UNDER 15 HRS. Hours <b>0</b>	IF UNDER 15 MIN. Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Vincent Weipert</b>	13b. MOTHER'S MAIDEN NAME <b>Jean Duncan</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Vincent Weipert</b>	ADDRESS <b>1416 So. 19th</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Erythroblastosis Fetalis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Pre &amp; Post</b>
	ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **4-25-**, 19**49**, to **4-26-**, 19**49**, that I last saw the deceased alive on **4-26-**, 19**49**, and that death occurred at **5:15 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. P. Wallow</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>620 Francis St. Joseph, Mo.</b>	23c. DATE SIGNED <b>4-26-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/28/1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hunlenger Mo.</b>
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DATE REC'D BY LOCAL REG. <b>April 29, 1949</b>	REGISTRAR'S SIGNATURE <b>to G. Jenkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman W. Bydenfaden</b>	ADDRESS <b>180 Union</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Elmer Thomas*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph 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.