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

Do not use this space.

41874

JAN 21 1930

1. PLACE OF DEATH
County St Francois
Township Pendleton
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6023

File No. .....
Registered No. 160

2. FULL NAME Chas. C. Weimer

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucinda Weimer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20-1859.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	70	7	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Iron Mountain
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John A. Weimer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mary M. Zink
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Penn.

14. INFORMANT Walter C. Weimer
(Address) Farmington Mo.

15. FILED 12-12-1929 B. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17. DEATH (MONTH, DAY AND YEAR) Dec ~~10~~ 9. 1929

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1928, to Dec ~~10~~ 9, 1929. that I last saw him alive on Dec 2, 1929, and that death occurred, on the date stated above, at 5.10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy.
95B
82A
90B
..... (duration) ..... yrs. ..... mos. 20 min. ds.

CONTRIBUTORY (SECONDARY) Cardio-Renal Arterial Disease (duration) 4 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) G. Walthius, M. D.
12-12-, 1929 (Address) Farmington Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
K of P Cemetry	Dec 12 1929

20. UNDERTAKER	ADDRESS
Farmington Ind Co.	Farmington Mo.

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.