

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

25101
Do not use this space.

AUG 11 1939

1. PLACE OF DEATH
 (a) County..... Buchanan Registration District No. 85
 (b) Township.....
 Primary Registration District No. 1004
 (c) City..... St. Joseph (d) Street No. 1004 N. 18th. 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 83 yrs. 9 mos. 8 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William Weipert
 (a) Residence, No. 1004 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 15, 1855
7. AGE
 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 83 9 9
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Shipping Clerk.
9. Industry or business in which work was done, as saw mill, bank, etc. Donovan-McCord Rubber Goods Co.
10. Date deceased last worked at this occupation (month and year) 1909
 Total time (years) spent in this occupation? ?

12. BIRTHPLACE (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri.

13. NAME George Weipert

14. BIRTHPLACE (CITY OR TOWN) Wuertenburg
 (STATE OR COUNTRY) Germany

15. MAIDEN NAME Geneveive Gramer

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Germany

17. INFORMANT Henry Weipert
 (ADDRESS) 1004 N. 18th, Str, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Mora Cemetery
 PLACE St. Joseph, Mo. DATE July 25, 1939

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son
 (ADDRESS) 802 Union Str. St. Joseph, Mo.

20. FILED July 25, 1939 H. J. Nestle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from
4/16, 1939 to July 24, 1939
 I last saw him alive on 7/18, 1939. Death is said to have occurred on the date stated above, at 7:00P m.
 The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis & Cardiac Failure

Date of onset
9/4/39

Other contributory causes of importance:
Arteriosclerosis Senil
Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? Pathology Was there an autopsy? Yes

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 _____ M. D.
 (Signed) J. J. Thompson
 (Address) 825 Charles St. St. Joseph, 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.

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. Jos

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.