

JAN 11 1940

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

42817
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan Registration District No. 85
(b) Township St. Joseph Primary Registration District No. 1001 Registered No. 1295
(c) City St. Joseph (d) Street No. State Hosp. # 2 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 yrs. 7 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Weikley (LITTLE SISTERS OF POOR)
(a) Residence, No. State Hospital # 2 St. Kansas City, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cath. Crauford Weikley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 14, 1850

7. AGE YEARS 89 MONTHS 8 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Comm. laborer

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) (STATE OR COUNTRY) Unk. Minn.

FATHER 13. NAME Paul Weikley 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Germ.

MOTHER 15. MAIDEN NAME Mary Hilderbrand 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Germ.

17. INFORMANT dist. Camille, 5331 Highland (ADDRESS) R. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE School of Our Lady

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sumner Smith

20. FILED 12/17 1939 W. J. Nettleton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1939

I HEREBY CERTIFY, That I attended deceased from May 2, 1939, to Dec. 16, 1939

I last saw him alive on Dec. 16, 1939. Death is said to have occurred on the date stated above, at 12 NOON m.

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis

Date of onset 7

Other contributory causes of importance:
Fracture of r. femur (at neck.) Nov. 8/39

Name of operation none Date of

What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ACCIDENT Date of injury 11/8, 1939
Where did injury occur? W. P. - 1 State Hospital # 2
St. Joseph, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. all above

Manner of injury fell on concrete floor
Nature of injury fracture of r. femur (at neck.)

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) J. J. Dell, M. D.
St. Joseph, Mo. (Address)

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.....

E. J. Whitlaker

Registered Apprentice No. *no*

working under my personal supervision.

Signed

W. C. Summer

Licensed Embalmer No. *2159*

P. O. Address *Richville, 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, above space should be left blank.