

FILED MAY 19 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14698

Dr. Bedford  
213

State File No.

Primary Registration District No. 3014

Registrar's No. 84

## I. PLACE OF DEATH:

- (a) County Cole
- (b) City or town Jefferson  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
St. Mary's Hospital 1  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)
- In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Jacob W. Weiler 460

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower6. (b) Name of husband or wife Mrs. Ellis Weiler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased January 20 1869  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
71 2 17 hr. min.9. Birthplace Lohman, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Blacksmith

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Weiler

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Reisdorf

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant T.H. Weiler(b) Address Jefferson City, Missouri17. (a) Burial (b) Date thereof Apr-8-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Peter's Cemetery18. (a) Signature of funeral director Hooper & Gordon(b) Address Jefferson City, Missouri19. (a) 4/6/40 (b) Dr. B. Bedford  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Cole
- (c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")
- (d) Street No. 9th St  
(If rural, give location)
- (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 5  
year 1940 hour 10 minute A M.21. I hereby certify that I attended the deceased from  
3/16/1940, to 4/5/1940,  
that I last saw him alive on 4/5/1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Hypostatic pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Fracture of right leg  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident(b) Date of occurrence 3-16-40(c) Where did injury occur? Jefferson City, Col. Mo  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public streetWhile at work? no (Specify type of place) (e) Means of injury Struck by auto23. Signature Dr. Bedford (M. D. or other) M.D.Address Jeff. City, Mo Date signed 4/6/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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

*Joseph J. Gordon*  
.....  
Licensed Embalmer No. *1986*  
P. O. Address *Jefferson City MO*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**