

24495

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

State File No. _____

AUG 14 1940
Registration District No. 26Primary Registration District No. 3002Registrar's No. 93

1. PLACE OF DEATH:

- (a) County Audrain
 (b) City or town Mexico
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Audrain Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 30 minutes
 (Specify whether
 In this community. Life
 years, months or days)

3. (a) PRINT FULL NAME Charles Theodore Weinand 553. (b) If veteran, name war _____ 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Alla Weinand 6. (c) Age of husband or wife if alive 71 years7. Birth date of deceased January 27 1867
(Month) (Day) (Year)8. AGE: Years 73 Months 5 Days 27 If less than one day _____ hr. _____ min.9. Birthplace Mexico Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired Merchant

11. Industry or business _____

12. Name Charles Wainand13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Anna Catherine Lutz
15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Paul Wainand(b) Address Mexico, Mo.17. (a) Burial (b) Date thereof July 26, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wellesville, Mo.18. (a) Signature of funeral director Paul T. Pugh(b) Address Mexico, Mo.19. (a) July 25-1940 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Audrain
 (c) City or town Mexico
 (If outside city or town limits, write "RURAL")
 (d) Street No. 808 N. Jefferson St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1940 hour 4 minute 30 M.21. I hereby certify that I attended the deceased from _____, 19 _____ to July 23, 19 40
that I last saw him alive on July 23, 19 40
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Nephritis Duration _____Due to Arterio SclerosisDue to _____
Other conditions (include pregnancy within 3 months of death) 45%Major findings: Of operations ✓Of autopsy none
Underline the cause to which death should be charged statistically

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

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
23
 (Specify type of place)
 While at work? _____
 Means of injury _____

23. Signature J. Frank Galley (M. D. or other) 1/24/40
Address Mexico, Mo. Date signed _____

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

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.

RECEIVED

District Health Officer No. 10

District File Number 8-40-1513

Date Filed AUG 8 1940

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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.