

No. 2
13-40
17-39
X23159

FILED JAN 13 1949
Registration District No. **13**

Primary Registration District No. **3014**

Registrar's No. **346**

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 1 hour
(Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. 1185 Jefferson City
(If usual site location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ANDREW WEINZERL

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Weinzerl

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased March 26, 1922
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Cole County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Painter Contractor

11. Industry or business General Painting Business

MOTHER FATHER { 12. Name John Weinzerl

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

14. Maiden name Frances Steenbergen

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

16. (a) Informant Mrs. Andrew Weinzerl

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Dec-30-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Semetary

18. (a) Signature of funeral director Thos J Gordon

(b) Address Jefferson City, Missouri

19. (a) 1-3-41 (b) Subscribed
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28. year 1948 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from Caron's Case, 1948 to 1948, 1948; that I last saw him alive on _____, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease

Due to _____

Due to _____ 92 W

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy none

Duration _____

PHYSICIAN _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury Caron's

23. Signature Thos J Gordon (M. D. or other) _____
Address Jefferson City Mo. Date signed 1-2-49

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.