S. No. 2
M—9-4-41
r. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25195

State File No.

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 19

94
0
0

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

1. PLACE OF DEATH:

(a) County St Francois

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

(c) Name of hospital or institution: Randolph Twp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community about 45 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 94

(a) State Mo (b) County St francois

(c) City or town Desloge (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME HENRY WEITZEL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of ~~husband~~ or wife Armenta Weitzel

6. (c) Age of ~~husband~~ or wife if alive 76 years

7. Birth date of deceased Sept (Month) 7 (Day) 1862 (Year)

8. AGE: Years 79 Months 10 Days 5 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation retired Mill Foreman

11. Industry or business for St Joseph Lead Co

FATHER
12. Name Benjamin Weitzel 4
13. Birthplace Germany Blattner (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Blattner
15. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

16. (a) Informant Mrs Harry Ward

(b) Address Desloge Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-42 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ St Francois Co

18. (a) Signature of funeral director C. J. Bayer

(b) Address Desloge Mo.

19. (a) July 13, 1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1942 hour 11 minute AM.

21. I hereby certify that I attended the deceased from 7-8-42, 19, to 7-12, 1942 that I last saw him alive on 7-8, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	2 yrs
Due to arterio sclerosis	10 yrs
Due to —	
Other conditions (Include pregnancy within 3 months of death) — 94 A	
Major findings: Of operations —	
Of autopsy —	

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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature W. Buckworth (M. D. ~~or other~~)

Address Desloge Mo Date signed 7-13-42

1176

(Licensed Embalmer's Statement on Reverse Side)

AUG 13 1942

RECEIVED

District Health Officer No. 4

District File Number 842-969

Date Filed 8-10-42

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 C. Z. Boyer

Licensed Embalmer No. 1671 Disease M

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.