

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED: OCL 13 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 914

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 39 years (Specify whether years, months or days)
In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2124 South 4th St
(If rural, give location) No
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ernest Fred Weil

3. (b) If veteran, name war no 3. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mabel 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased June 29, 1903
(Month) (Day) (Year)

8. AGE: Years 39 Months 2 Days 23 If less than one day hr. min.

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

10. Usual occupation Clerical Work
11. Industry or business Deputy City Treasurer

MOTHER FATHER { 12. Name E. J. Weil
13. Birthplace Iowa (City, town, or county) (State or foreign country)
14. Maiden name Fredericka Shoerber
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mabel Weil
(b) Address 2124 South 4th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Tracy Barry Funeral
(b) Address 218 South 10th St Home

19. (a) 9-24-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1942 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from Sept 10, 1942, to Sept 22, 1942
that I last saw him alive on Sept 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration About 10 days

Due to 108
Due to

Other conditions Malignant Hypertension (Include pregnancy within 3 months of death) Unknown

Major findings: Of operations none Of autopsy No
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) (Specify means of injury)
23. Signature John L. Byrnes (M. D. or other) M.D.
Address 411 Carby Bldg Date signed 9-23-42

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..... 4212

P. O. Address..... St Joseph 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, fact should be so stated above.