S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19941

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 650

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: 2018 Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 43 yrs
years, months or days)

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. 2018 Francis
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter Edward Weihe
3. (b) If veteran, name war —
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 Carrie
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Oct (Month) 26 (Day) 1863 (Year)

8. AGE: Years 81 Months 7 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Germany (State or foreign country)
10. Usual occupation Retired Teacher
11. Industry or business
FATHER
12. Name Gottlieb Weihe
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)
16. (a) Informant Carrie Weihe
(b) Address St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memo. Park Cem.
18. (a) Signature of funeral director FLEEMAN & SON, INC.
(b) Address ST. JOSEPH, MO
19. (a) 6-15-45 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1945 hour 12 minute 01 P.M.
21. I hereby certify that I attended the deceased from 6-12, 1945 to 6-13, 1945
that I last saw him alive on 6-13, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	2 Mon
Due to Arteriosclerosis	
Due to 83a	
Other conditions (Include pregnancy within 3 months of death)	

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 L C Bauman (M. D. ~~or other~~)
Address 620 Francis St Jos Mo Date signed 6/13/45

1377 (Licensed Embalmer's Statement on Reverse Side)

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 Robert K. Gaple

Licensed Embalmer No. 3308

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.