

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. ....

264

**FILED** DEC 4 1945  
Malesy  
Registration District No. 77

Primary Registration District No. 3016

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:  
621 Michigan /  
(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 39 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. 621 Michigan Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28  
year 1945 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from 9-26 1945 date  
that I last saw him alive on Nov 26 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocardial failure  
Arteriosclerosis  
progressive

Duration 2 wks  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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) (c) Means of injury.....  
23. Signature [Signature] (M. D. or other)  
Address 621 Michigan Date signed 11-28-45

3. (a) PRINT FULL NAME William C. Weigel

3. (b) If veteran, name war..... 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Theresa Weigel 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased September 21 1867  
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 7 If less than one day hr. min.

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

10. Usual occupation Retired Butcher

MOTHER FATHER

11. Industry or business.....  
12. Name Carl Weigel  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant A. C. Weigel  
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Nov-30-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Jefferson City, Missouri

19. (a) 11-28-45 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

1481

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

26  
34

RECEIVED

District Health Officer No. 9

District File Number: \_\_\_\_\_

Date Filed 12-9-45

**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 J. Gordon*  
Licensed Embalmer No. 1286

P. O. Address Jefferson City, 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.**