

S. No. 2
M-5-43
5-17-39
I X36671

FILED JUN 10 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 541

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:
1216 Ashland /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Lulu Hax Weigel

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow 7. Birth date of deceased July 2 1970 (Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 2 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Frederick Hax.

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

14. Maiden name Elizabeth Ozenberger

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

16. (a) Informant L.O. Weigel

(b) Address St. Joseph, Mo.

17. (a) Place of burial or cremation Memorial Park (b) Date thereof 5/9 /46 (Month) (Day) (Year)

18. (a) Signature of funeral director Nestor B. Balle & Bauman

(b) Address St. Joseph, Mo.

19. (a) May 11 - 1946 (Date received local registrar) (b) Nestor B. Balle (Registrar's signature)

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. 1216 Ashland 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1946 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Apr. 130 1946 to May 7 1946 that I last saw alive on May 3 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 yrs
Due to unknown

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 93A

Duration
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 (Specify type of place) (e) Means of injury

23. Signature Nestor B. Balle (M. D. certifier) Address 2807 Gule St Date signed 5/17/46

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

14738

34

DEC 30 1947

OCT 28 1947

APR 16 1947

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 Raymond H. Morehead

Licensed Embalmer No. 4413

P. O. Address 319 So 10th 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.