

FILED NOV 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34317
Registrar's No. 73

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville Mo.
c. LENGTH OF STAY (in this place) 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Perry
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville Mo.
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Anna b. (Middle) Mueller c. (Last) Weith

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 22 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 15 1885

9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 1 MIN. Hours Min.

10a. USUAL OCCUPATION (One's kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Chester ILL.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert Mueller

13b. MOTHER'S MAIDEN NAME Anna Jutti

14. NAME OF HUSBAND OR WIFE Charley Weith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charley Weith Perryville Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
**This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy
ANTECEDENT CAUSES
DUE TO (b) Arterio Sclerosis
DUE TO (c) Chronic Nephritis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 4 days
74 2X

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1945, 19 , to 10-22, 1950, that I last saw the deceased alive on 10-21, 1950, and that death occurred at _____ m., from the causes and on the date-stated above.

23a. SIGNATURE [Signature] (Degree or title) Do

23b. ADDRESS Perryville

23c. DATE SIGNED 10/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 25 1950

24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery

24d. LOCATION (City, town, or county) (State) Perryville Mo.

DATE REC'D BY LOCAL REG. Oct 25 1950

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

79
11

RECEIVED

NOV 9 1950

DISTRICT HEALTH OFFICE No.

File No.....

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Wallace Young*

Licensed Embalmer No. *4037*

P. O. Address *Perryville*

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.