

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16138**

FILED JUN 7 1951

BIRTH NO. _____		REG. DIST. NO. 119		PRIMARY REG. DIST. NO. 493		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann		c. LENGTH OF STAY (in this place) 3 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann		0311	
d. FULL NAME OF HOSPITAL OR INSTITUTION 107 Market St				d. STREET ADDRESS (If rural, give location) 107 Market St			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) HENRY c. (Last) WEINLAND			4. DATE OF DEATH (Month) (Day) (Year) May 16 1951				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan-1-1871	
9. AGE (In years last birthday) 80		# UNDER 1 YEAR Months		# UNDER 12 MRS. Days		# UNDER 1 MIN. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Hermann, RFD Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Nicolas Weinland		13b. MOTHER'S MAIDEN NAME Catherine Mueller		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pauline LaBoube, Hermann, 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) Gastric Cancer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) " Ulcer DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 1/2 weeks years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 20, 1951 , to May 16, 1951 , that I last saw the deceased alive on May 16, 1951 , and that death occurred at 8 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. G. Rhodius M.D.				23b. ADDRESS Hermann Mo		23c. DATE SIGNED 5/18/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-19-51		24c. NAME OF CEMETERY OR CREMATORY Old St. Paul Cemetery		24d. LOCATION (City, town, or county) (State) Berger, Mo.	
DATE REC'D BY LOCAL REG. 5/18/51		REGISTRAR'S SIGNATURE D. H. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hugo H. ... Hermann, Mo			

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

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File No. _____
DISTRICT HEALTH OFFICE No. 10

JUN 8 1951

RECEIVED

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *August Blumel*

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.