

FILED DEC 29 1954

STANDARD CERTIFICATE OF DEATH

State File No. 40454
Registrar's No. 344

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>344</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo</u>		c. LENGTH OF STAY (In this place) <u>10 Days</u>		c. CITY OR TOWN <u>Jefferson City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Washington Heights Apts.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>GERMAINE</u>		b. (Middle) <u>ALPHONSE</u>		c. (Last) <u>WEIS</u>	
4. DATE OF DEATH		(Month) <u>DEC.</u>		(Day) <u>22,</u>		(Year) <u>1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 25, 1895</u>		9. AGE (In years last birthday) <u>59</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Marys Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Weis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Josephine Heindle</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Donnelly</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>490-05-7388</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MARY WEIS</u>		ADDRESS <u>J. C. MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 day</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Hypertensive cardiac</u>					
		DUE TO (c) <u>vascular disease</u>				<u>6 yrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>Sept 19 54</u> to <u>Dec 22 54</u> , that I last saw the deceased alive on <u>Dec 22, 1954</u> and that death occurred at <u>2:10</u> <u>PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward R. Bohner</u>				23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>12.24.54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/24/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Marys Penn</u>	
DATE REC'D BY LOCAL REG. <u>Dec 24 54</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Kulle</u>		ADDRESS <u>J C Mo</u>	

(Licensed Embalmer's Statement of Reverse Side)

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

JAN 20 1960

MAR 15 1955

OCT 28 1954

NOV 17 1955

JAN 14 1956

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Sylvester Arilla

Licensed Embalmer No. 430

P. O. Address.....
Jefferson

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.