

Jacob Scharrer (1848 - 1927)

CHILD #2 - Mary C Scharrer

1945 Obituary of

MARY C. WESCHLER
Solemp high requiem mass was held at 10 a. m. Monday in St. Peter's Cathedral in memory of Mrs. Mary C. (Mae) Sharrer Weschler, who died suddenly Thursday in her residence, 932 Peach st.
The officers of the mass were Dr. E. P. McManaman, celebrant; the Rev. Dr. C. R. McQuillen, deacon, and the Rev. James Weber, sub-deacon. The Rev. Eugene Danelson was present in the sanctuary.
Pallbearers were E. P. Wittman, Frank Marska, Harry DeVol, E. J. Baerle, William P. Heinlein and Leonard Randacker. Interment was in Calvary cemetery.

MARRIAGE RECORD OF CHILD
SHOWING PARENTS NAMES

Name: Joseph Jacob
Weschler
Gender: Male
Age: 21
Birth Date: abt 1900
Marriage Date: 2 Apr 1921
Marriage Place: Chautauqua, New York, USA
Father: Robert Weschler
Mother: May Sharrer
Spouse: Mary Beatrice Duffy
Film Number: 001004677
Source Information - Ancestry.com. New York, County Marriage Records, 1847-1849, 1907-1936 [database on-line]. Lehi, UT, USA: Ancestry.com Operations, Inc., 2016.

CEMETERY RECORD

Mary C. "Mae" Sharrer Weschler

BIRTH 12 Feb 1879
Erie County, Pennsylvania, USA
DEATH 15 Mar 1945 (aged 66)

Erie, Erie County, Pennsylvania, USA
BURIAL Calvary Cemetery
Erie, Erie County, Pennsylvania, USA Show Map
MEMORIAL ID 9502986 · View Source
Age 66, daughter of Jacob and May Yochim Sharrer. Wife of Robert E. Weschler.

Children: (1920) Joseph J. Weschler, Mildred A. Weschler, Robert F. Weschler, Anna M. Weschler, Helen F. Weschler

CEMETERY RECORD

Robert E. Weschler

BIRTH 2 Feb 1877
Erie County, Pennsylvania, USA
DEATH 15 Mar 1947 (aged 70)

Erie, Erie County, Pennsylvania, USA
BURIAL Calvary Cemetery
Erie, Erie County, Pennsylvania, USA Show Map
MEMORIAL ID 9502984 · View Source
Age 70, son of Leo and Pauline Kimmith Weschler. Husband of Mae Sharrer Weschler.

DEATH RECORD

Name: Mary C Weschler
 [Mary C Sharrer]
 Gender: Female
 Race: White
 Age: 66
 Birth Date: 12 Feb 1879
 Birth Place: Erie, Pennsylvania
 Death Date: 15 Mar 1945
 Death Place: Erie, Erie, Pennsylvania, USA
 Father: Jacob Sharrer
 Mother: May Yochim
 Spouse: Robert E Weschler
 Certificate Number: 22221
 Source Citation - Pennsylvania Historic and Museum Commission; Pennsylvania, USA;
 Certificate Number Range: 021601-024150

HVS-20010-150M-7-43		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS		File No. _____
Primary Dist. No. <u>25-04-01</u>		CERTIFICATE OF DEATH		Registered No. <u>342</u>
1. PLACE OF DEATH: (a) County <u>Erie</u> (b) Township _____ (c) Borough <u>Erie</u> (d) City _____ (e) Name of hospital or institution <u>932 Peach Street</u> (If not in hospital or inst. write street number or location) (f) Length of stay: _____ In hospital or inst. _____ (g) In this community _____		2. USUAL RESIDENCE OF DECEASED: (a) State <u>Pa.</u> (b) County <u>Erie</u> (c) City or town <u>Erie</u> (If outside city or town limits, write RURAL) (d) Street No. <u>932 Peach Street</u> (If rural give location) (e) If citizen of foreign country, name country _____		
3. (a) FULL NAME <u>Mary C Weschler</u> 246				
3. (b) If U.S. Veteran, complete reverse side of certificate		3. (c) Social Security No. _____		
4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>Married</u>		
6. (b) Name of husband or wife <u>Robert E Weschler</u>		6. (c) Age of husband or wife if alive <u>68</u> years		
7. Birth date of deceased <u>Feb 12, 1879</u>				
8. AGE: Years <u>66</u>	Months <u>1</u>	Days <u>3</u>	If less than one day _____ hr. _____ min.	
9. Birthplace <u>Erie Pa.</u> (City, town, or county) (State or foreign country)				
10. Usual occupation <u>At home</u>				
11. Industry or business _____				
12. Name <u>Jacob Sharrer</u>				
13. Birthplace <u>Erie Pa.</u> (City, town, or county) (State or foreign country)				
14. Maiden name <u>May Yochim</u>				
15. Birthplace <u>Germanh.</u> (City, town, or county) (State or foreign country)				
16. (a) Informant's own signature <u>R E Weschler</u>				
(b) Address <u>932 Peach</u>				
17. (a) <u>Burial</u> (b) Date thereof <u>Mar. 19 45</u> (Burial, cremation, removal) (Month) (Day) (Year)				
(c) Place <u>Calvary Cem.</u> County <u>Erie</u> State <u>Pa.</u>				
18. (a) Signature of funeral director <u>Charles A. ...</u>				
(b) Address <u>449 East 9 St Erie Pa.</u>				
19. (a) <u>3-19-1945</u> (b) <u>Joseph ...</u> (Date received local registrar) (Registrar's signature)				
MEDICAL CERTIFICATION				
20. Date of death: Month <u>MARCH</u> day <u>15</u> year <u>1945</u> hour <u>10:27 AM</u> minute _____				
21. I hereby certify that I attended the deceased from <u>MARCH 15, 1945</u> , to <u>MARCH 15, 1945</u> that I last saw her alive on <u>MARCH 1, 1945</u> and that death occurred on the date and hour stated above.				
Immediate cause of death _____				
Due to <u>Coronary Thrombosis</u> 1 day				
Due to <u>1021</u> 5300				
Other conditions <u>Hypertension</u> (Include pregnancy within 3 months of death)				
Major findings: <u>none</u>				
Of operations _____				
Of autopsy _____				
22. If death was due to external causes, fill in the following: (a) (Probably) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? _____ (City or town) (County) (State) (d) Injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) (e) Means of injury _____ (M. D. or other)				
23. Signature <u>John ...</u> Date signed <u>3/24/45</u> Address <u>307 ...</u>				

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.