

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

HYVS-20010-150M-7-43  
 COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 File No. \_\_\_\_\_  
 Primary Dist. No. 25-04-01 Registered No. 342  
**CERTIFICATE OF DEATH**

1. PLACE OF DEATH:  
 (a) County Erie  
 (b) Township \_\_\_\_\_  
 (c) Borough Erie  
 (d) City \_\_\_\_\_  
 (e) Name of hospital or institution 932 Peach Street  
 (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 Pa. (b) County Erie  
 (c) City or town Erie  
 (If outside city or town limits, write RURAL)  
 (d) Street No. 932 Peach Street  
 (If rural give location)  
 (e) If citizen of foreign country, name country \_\_\_\_\_

3. (a) FULL NAME Mary C Weschler 246  
 3. (b) If U.S. Veteran, complete reverse side of certificate \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Robert E Weschler 6. (c) Age of husband or wife if alive 68 years  
 7. Birth date of deceased Feb 12, 1879  
 (Month) (Day) (Year)  
 8. AGE: Years 66 Months 1 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Erie Pa.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation At home  
 11. Industry or business \_\_\_\_\_

MOTHER FATHER } 12. Name Jacob Sharrer  
 13. Birthplace Erie Pa.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name May Yochim  
 15. Birthplace Germanh.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W C Moschler  
 (b) Address 932 Peach  
 17. (a) Burial (b) Date thereof Mar. 19 45  
 (Burial, cremation, inhumation, removal) (Month) (Day) (Year)  
 (c) Place Calvary Cem. County Erie State Pa.  
 18. (a) Signature of funeral director Charles A. ...  
 (b) Address 449 East 9 St Erie Pa.  
 19. (a) 3-19-1945 (b) Joseph ...  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. Date of death: Month MARCH day 15  
 year 1945 hour 10:15 minute \_\_\_\_\_  
 21. I hereby certify that I attended the deceased from MARCH 15, 1945, to MARCH 15, 1945  
 that I last saw her alive on MARCH 1, 1945  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_  
Coronary thrombosis 1 day  
 Due to 740  
1021  
 Other conditions Hypertension 5 yrs  
 (Include pregnancy within 3 months of death)  
 Major findings: none  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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)  
 (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature Joseph ... (M. D. or other) \_\_\_\_\_  
 Address 307 ... Date signed 3/14/45

# DEATH RECORD

Name: Robert E Weschler  
 Gender: Male  
 Race: White  
 Age: 70  
 Birth Date: 2 Feb 1877  
 Birth Place: Erie, Pennsylvania  
 Death Date: 15 Mar 1947  
 Death Place: Erie, Erie, Pennsylvania, USA  
 Father: Leo Weschler  
 Mother: Pauline Kimmith  
 Spouse: Mae Sharrer Weschler  
 Certificate Number: 22941  
 Source Citation - Pennsylvania Historic and Museum Commission; Pennsylvania, USA;  
 Certificate Number Range: 021451-024000

HVS 20010-200M-12 45

COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

File No. **22941**

Registered No. **761**

Primary Dist. No. **25-04-01**

**1. PLACE OF DEATH:** Erie

(a) County  
 (b) Township  
 (c) Borough  
 (d) City  
 (e) Name of hospital or institution **932 Peach St.**  
 (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 **Penna** (b) County **Erie**  
 (c) City or town **Erie**  
 (If outside city or town limits, write RURAL)  
 (d) Street No. **932 Peach St.**  
 (If rural give location)  
 (e) If citizen of foreign country, name country \_\_\_\_\_

**3. (a) FULL NAME** Robert E. Weschler

**3. (b) If U. S. Veteran, complete reverse side of certificate** \_\_\_\_\_ **3. (c) Social Security No.** \_\_\_\_\_

**4. Sex** M **5. Color or race** W **6. (a) Single, widowed, married, divorced** Widowed

**6. (b) Name of husband or wife** Mae Sharrer Weschler **6. (c) Age of husband or wife if alive** Deceased years \_\_\_\_\_

**7. Birth date of deceased** Feb. 2, 1877  
 (Month) (Day) (Year)

**8. AGE:** Years 70 Months 1 Days 13 If less than one day hr. min.

**MEDICAL CERTIFICATION** 15

**20. Date of death:** Month March day 15  
 Year 1947 hour 11 AM minute

**21. I hereby certify that I attended the deceased from**  
 Nov. 25, 1945, to Mar. 15, 1947  
 that I last saw him alive on Mar. 15, 1947  
 and that death occurred on the date and hour stated above.

**Immediate cause of death:**  
 Myocarditis + Coronary Heart Disease

**Due to:** Diabetes Mellitus

**9. Birthplace** Erie, Pa. (City, town, or county) (State or foreign country)

**10. Usual occupation** President

**11. Industry or business** Weschler Shoe Co.  
 Leo Weschler

**12. Name** \_\_\_\_\_  
**13. Birthplace** Erie, Pa. (City, town, or county) (State or foreign country)

**14. Maiden name** Pauline Kimmith  
**15. Birthplace** Germany (City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** Joseph J. Weschler  
 (b) Address 932 Peach St., Erie, Pa.

**17. (a) Burial** (b) Date thereof March 19, 1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place** Calvary Co. Erie State Penna.

**18. (a) Signature of funeral director** Leo J. Brugger  
 (b) Address 449 East 14th Erie, Pa.

**19. (a) 3-18-1947** (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

**Other conditions** (Include pregnancy within 8 months of death) \_\_\_\_\_

**Major findings:** \_\_\_\_\_  
 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) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

**23. Signature** Donald D. Williams (M. D. or other)  
 Address 551 W 26th St. Date signed 3/17/47

**DURATION**

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.