

# TUSCANIA

**Weirich, Hugo**  
**1893 TX – 1958 TX**



San Antonio Express-News  
 Sun, Mar 10, 1918 · Page 55

San Antonio TX

## Hugo Weirich, Gillespie, Dies; Services Pend

FREDERICKSBURG (SC) — Hugo Weirich, 64, died at his home here at 7 p.m. Wednesday night following a heart attack.

Services are pending at Beckmann Funeral Home.

Mr. Weirich was a star route mail carrier between Fredericksburg and Mason.

He had not complained of illness after returning from his mail run Wednesday. He had eaten his evening meal and was mowing his lawn when he complained of a pain in his chest.

He died a few minutes later.

"San Angelo (TX) Standard-Times" Thursday 8 May 1958 p 4

## Weirich Rites Are Set Today

FREDERICKSBURG (S C) — Services for Hugo Weirich, 64, will be held at 2 p.m. Friday in Beckmann Funeral Home. Burial will be in City Cemetery.

Mr. Weirich died Wednesday night at his home here.

Louis Jordan Post of the American Legion will hold military rites.

Mr. Weirich was born in Gillespie County. He was married to the former Miss Lydia Klaerner Feb. 17, 1921.

A veteran of World War I, Mr. Weirich was a farmer and ranchman until July, 1951, when he became a contract mail carrier on the Fredericksburg-Mason star route.

Survivors include his wife; one son, Hugo Weirich Jr. of Fredericksburg; three daughters, Mrs. Victor Knol of Boerne, Mrs. I. L. Sultemeier of Hye and Mrs. Louise Foerster of Fredericksburg; three brothers, Otto and Edwin Weirich, both of Fredericksburg, and Alfred Weirich of Johnson City; four sisters, Mrs. Emil Ludwig of Hye, Mrs. Fred Lindig of San Antonio and Mrs. Alfred Kilbarn and Mrs. Henry Borchers, both of Fredericksburg, and four grandchildren.

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Obituary of Hugo Weirich – left: “San Angelo (TX) Standard-Times” Friday 9 May 1958 p 2 and right: “San Angelo (TX) Standard-Times” Friday 16 May 1958 p 2

# **HUGO WEIRICH**

FREDERICKSBURG (CTS) — Funeral services were held here Friday for Hugo Weirich, 64, mail carrier between Fredericksburg and Mason, who had died unexpectedly of a heart attack at his home here Wednesday night.

Weirich had been contract carrier on the Fredericksburg-Mason Star Mail route since July, 1951. He had been engaged in farming and ranching in earlier years, residing a part of the time in Blanco County.

Survivors are the widow; a son, Hugo Weirich Jr., Fredericksburg; three daughters, Mrs. Victor Knoll, Boerne; Mrs. I. L. Sultemeier, Hye, and Mrs. Louise Foerster, Fredericksburg; three brothers, Otto and Edwin Weirich, Fredericksburg, Alfred Weirich, Johnson City; four sisters, Mrs. Emil Ludwig of Hye, Mrs. Fred Lindig of San Antonio, Mrs. Alfred Kilbarn and Mrs. Henry Borchers, both of Fredericksburg.

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obituary of Hugo Weirich - "Austin (TX) American" Saturday 10 May  
1958 p 16

STATE OF TEXAS 086-07-086-00 CERTIFICATE OF DEATH 420125 STATE FILE NO. 27559

|                                                                                                                                                                                |  |                                                                                                                                           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <i>Billespie</i>                                                                                                                                |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>a. STATE <i>Texas</i> b. COUNTY <i>Billespie</i> |  |
| b. CITY OR TOWN (If outside city limits, give precinct no.)<br><i>Fredericksburg</i>                                                                                           |  | c. CITY OR TOWN (If outside city limits, give precinct no.)<br><i>Fredericksburg</i>                                                      |  |
| d. NAME OF (1) apt. or hospital (2) nursing home (3) institution<br><i>RT #2</i>                                                                                               |  | d. STREET ADDRESS (If rural, give location)<br><i>Route #2</i>                                                                            |  |
| e. IS PLACE OF DEATH INSIDE CITY LIMITS?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                |  | e. IS RESIDENCE INSIDE CITY LIMITS?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                |  |
| f. IS RESIDENCE ON A FARM?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                              |  |                                                                                                                                           |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>(a) First <i>Hugo</i> (b) Middle <i>—</i> (c) Last <i>Weirich</i>                                                                    |  | 4. DATE OF DEATH<br><i>May 7, 1958</i>                                                                                                    |  |
| 5. SEX <i>Male</i>                                                                                                                                                             |  | 6. COLOR OR RACE <i>White</i>                                                                                                             |  |
| 7. MARRIAGE STATUS<br>Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><i>June 29, 1893</i>                                                                                                  |  |
| 9. USUAL OCCUPATION (Give kind of work done)<br><i>Mail Carrier</i>                                                                                                            |  | 10. KIND OF BUSINESS OR INDUSTRY<br><i>—</i>                                                                                              |  |
| 11. FATHER'S NAME<br><i>August Weirich</i>                                                                                                                                     |  | 12. BIRTHPLACE (State or foreign country)<br><i>Billespie Co. Texas</i>                                                                   |  |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <i>No</i>                                                                                                 |  | 14. MOTHER'S MARRIAGE NAME<br><i>Clara Schulze</i>                                                                                        |  |
| 15. SOCIAL SECURITY NO.<br><i>467-16-1753</i>                                                                                                                                  |  | 16. INFORMANT<br><i>Mrs. Lydia Weirich</i>                                                                                                |  |
| 17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)                                                                                                      |  |                                                                                                                                           |  |
| PART I. DEATH WAS CAUSED BY:                                                                                                                                                   |  |                                                                                                                                           |  |
| IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>                                                                                                                                 |  |                                                                                                                                           |  |
| DUE TO (b) <i>Coronary Heart Disease</i>                                                                                                                                       |  |                                                                                                                                           |  |
| DUE TO (c) <i>Generalized Arteriosclerosis</i>                                                                                                                                 |  |                                                                                                                                           |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)                                              |  |                                                                                                                                           |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                              |  |                                                                                                                                           |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                                                                      |  |                                                                                                                                           |  |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)                                                                                   |  |                                                                                                                                           |  |
| 20c. TIME OF INJURY<br>Hour <i>—</i> Month <i>—</i> Day <i>—</i> Year <i>—</i>                                                                                                 |  |                                                                                                                                           |  |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                      |  |                                                                                                                                           |  |
| 20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office building, etc.)                                                                                    |  |                                                                                                                                           |  |
| 20f. CITY, TOWN, OR LOCATION<br><i>Fredericksburg, Texas</i>                                                                                                                   |  |                                                                                                                                           |  |
| 21. I hereby certify that I attended the deceased on <i>May 7, 1958</i> at <i>7 P.M.</i> and last saw the deceased alive on <i>May 7, 1958</i> at <i>7 P.M.</i>                |  |                                                                                                                                           |  |
| 22a. SIGNATURE<br><i>Lydia Weirich</i>                                                                                                                                         |  |                                                                                                                                           |  |
| 22b. ADDRESS<br><i>Fredericksburg, Texas</i>                                                                                                                                   |  |                                                                                                                                           |  |
| 22c. DATE SIGNED<br><i>5/10/58</i>                                                                                                                                             |  |                                                                                                                                           |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>                                                                                                                     |  |                                                                                                                                           |  |
| 23b. DATE<br><i>May 9, 1958</i>                                                                                                                                                |  |                                                                                                                                           |  |
| 23c. NAME OF CEMETERY OR CREMATORIUM<br><i>City Cemetery</i>                                                                                                                   |  |                                                                                                                                           |  |
| 24. FUNERAL DIRECTOR'S SIGNATURE<br><i>Beckmann Funeral Home</i>                                                                                                               |  |                                                                                                                                           |  |
| 25a. REGISTRAR'S FILE NO.<br><i>48</i>                                                                                                                                         |  |                                                                                                                                           |  |
| 25b. DATE REC'D BY LOCAL REGISTRAR<br><i>May 12, 1958</i>                                                                                                                      |  |                                                                                                                                           |  |
| 25c. REGISTRAR'S SIGNATURE<br><i>Felix Scherer by Madeline Kammlat</i>                                                                                                         |  |                                                                                                                                           |  |

TEXAS DEPARTMENT OF HEALTH  
REC'D JUN 10 1958  
BUREAU OF VITAL STATISTICS

TX death record of Hugo Weirich - [https://www.ancestry.com/discoveryui-content/view/21462705:2272?tid=&pid=&queryId=b0710bf49472f4fced5c68cf23a9185c&\\_phsrc=hFB66799&\\_phstart=successSource](https://www.ancestry.com/discoveryui-content/view/21462705:2272?tid=&pid=&queryId=b0710bf49472f4fced5c68cf23a9185c&_phsrc=hFB66799&_phstart=successSource)



**ORIGINAL**

|                                                                                                                                                         |  |                                                         |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF DECEASED—LAST—FIRST—MIDDLE (Print or type)<br><b>Weirich, Hugo</b>                                                                           |  |                                                         | <b>APPLICATION FOR HEADSTONE OR MARKER</b><br>(See attached instructions. Complete and submit original and duplicate)                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       |  |
| 2. ENLISTMENT DATE (Month, Day, Year)<br><b>9/18/1917</b>                                                                                               |  | 3. DISCHARGE DATE (Month, Day, Year)<br><b>2/7/1919</b> |                                                                                                                                                                                                                                                                                                                                                             | 12. EMBLEM (Check one)<br><input checked="" type="checkbox"/> CHRISTIAN (Latin Cross)<br><input type="checkbox"/> HEBREW (Star of David)<br><input type="checkbox"/> NONE                                                             |  |
| 4. SERVICE NO.<br><b>251621</b>                                                                                                                         |  | 5. PENSION OR VA CLAIM NO.<br><b>C-1 298 710</b>        |                                                                                                                                                                                                                                                                                                                                                             | 13. CHECK TYPE REQUIRED<br><input type="checkbox"/> UPRIGHT MARBLE HEADSTONE<br><input type="checkbox"/> FLAT MARBLE MARKER<br><input checked="" type="checkbox"/> FLAT GRANITE MARKER<br><input type="checkbox"/> FLAT BRONZE MARKER |  |
| 6. STATE<br><b>Texas</b>                                                                                                                                |  | 7. GRADE<br><b>Private</b>                              |                                                                                                                                                                                                                                                                                                                                                             | 8. MEDALS<br><b>Purple Heart</b>                                                                                                                                                                                                      |  |
| 9. BRANCH OF SERVICE, COMPANY, REGIMENT, AND DIVISION OR SHIP<br><b>Army, S.A. Co, "S" 9th. Infantry</b>                                                |  |                                                         |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       |  |
| 10. DATE OF BIRTH (Month, Day, Year)<br><b>6/29/1893</b>                                                                                                |  | 11. DATE OF DEATH (Month, Day, Year)<br><b>5/7/1958</b> |                                                                                                                                                                                                                                                                                                                                                             | 14. SHIP TO (Name and address of person who will transport stone or marker to cemetery)<br><b>Mrs. Lydia Weirich,<br/>Rt. 2, Fredericksburg, Texas</b>                                                                                |  |
| 15. FREIGHT STATION<br><b>Comfort, Texas</b>                                                                                                            |  |                                                         |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       |  |
| 16. NAME AND LOCATION OF CEMETERY (City and State)<br><b>City Cemetery,<br/>Fredericksburg, Texas</b>                                                   |  |                                                         |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       |  |
| 17. THE APPLICANT FOR THIS STONE OR MARKER HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT SAME TO THE CEMETERY.<br>SIGNATURE <b>Mrs. Lydia Weirich</b> DATE |  |                                                         |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       |  |
| DO NOT WRITE HERE                                                                                                                                       |  |                                                         | 18. NAME AND ADDRESS OF APPLICANT (Print name)<br><b>Mrs. Lydia Weirich,<br/>Rt. 2, Fredericksburg, Texas</b>                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                       |  |
| RECEIVED<br><b>JUL 1 - 1958</b>                                                                                                                         |  |                                                         | 19. This application is submitted for a stone or marker for the unmarked grave of a deceased member or former member of the Armed Forces of the United States, soldiers of Union and Confederate Armies of the Civil War.<br>I hereby agree to accept responsibility for properly placing the stone or marker at the grave at no expense to the Government. |                                                                                                                                                                                                                                       |  |
| VERIFIED<br><b>AUG 1 1958</b>                                                                                                                           |  |                                                         | SIGNATURE OF APPLICANT <b>Mrs. Lydia Weirich</b> DATE                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       |  |
| B/L WY 7896417<br><b>COLUMBUS MARBLE WORKS<br/>COLUMBUS, MISSISSIPPI</b>                                                                                |  |                                                         |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       |  |
| ORDERED                                                                                                                                                 |  |                                                         |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       |  |

DA FORM 1815 EDITION OF 1 AUG 56, IS OBSOLETE. IMPORTANT—Reverse Side Must Be Completed. 16-11453-11 GPO

[https://www.ancestry.com/imageviewer/collections/2375/images/40050\\_1421012671\\_0442-01343?pld=492781](https://www.ancestry.com/imageviewer/collections/2375/images/40050_1421012671_0442-01343?pld=492781)

**WEIRICH HUGO**

**Pvt Cas Co 50**

**Hye Tex**

**Ssn 251 621** **Died 5-7-58**

**Born 6/29/93**

**Enl 9/18/17** **Dts 2/7/19** **Cl. 1 007 571**

**U. S. VETERANS BUREAU**  
MAIL AND RECORDS  
Form 7200—Rev. Sept., 1935

**INDEX CARD**

**5-14-58/46**  
**X C 1 298 710**  
**K**  
**A 2 641 063**  
**T 352 919 F**  
**R**  
**I**

<https://www.familysearch.org/ark:/61903/3:1:3Q9M-C3MC-VLQ2?mode=g&cc=2968245&personUrl=%2Fark%3A%2F61903%2F1%3A1%3Awww4-QGN2>

|                                                                                     |  |                    |                       |                    |   |
|-------------------------------------------------------------------------------------|--|--------------------|-----------------------|--------------------|---|
| Weirich,                                                                            |  | Hugo               | 251,621               | * White * Colored: | 9 |
| (Surname)                                                                           |  | (Christian name)   | (Army serial number)  |                    |   |
| Residence:                                                                          |  | Fredericksburg     | Gillespie             | TEXAS              |   |
| (Street and house number)                                                           |  | (Town or city)     | (County)              | (State)            |   |
| *Enlisted *R. A. *N. G. *E. R. G. *Inducted at                                      |  | Fredericksburg Tex | on                    | Sept 19, 1917      |   |
| Place of birth:                                                                     |  | Fredericksburg Tex | Age or date of birth: | 24 2/12 years      |   |
| Organizations served in, with dates of assignments and transfers:                   |  |                    |                       |                    |   |
| 165 Dep Brig to ; Co L 9 Inf to discharge                                           |  |                    |                       |                    |   |
| Grades, with date of appointment:                                                   |  |                    |                       |                    |   |
| Pvt                                                                                 |  |                    |                       |                    |   |
| Engagements:                                                                        |  |                    |                       |                    |   |
| Wounded in action (degree and date) Slightly about July 11, 1918                    |  |                    |                       |                    |   |
| Served overseas from Jan 24/18 to Jan 22/19, from Feb 7/19 to Feb 7/19, 1919        |  |                    |                       |                    |   |
| *Honorably discharged on demobilization: (If separated for other cause give reason) |  |                    |                       |                    |   |
| In view of occupation he was, on date of discharge, reported 0 per cent disabled.   |  |                    |                       |                    |   |
| Remarks:                                                                            |  |                    |                       |                    |   |

TX, WWI military record - <https://www.familysearch.org/ark:/61903/3:1:3QSQ-G9MN-Z3QD-J?cc=2202707&personaUrl=%2Fark%3A%2F61903%2F1%3A1%3AQV18-J6MG>

### Life:

Following are the Texas and Oklahoma men unaccounted for:

Hugo Weirich, Fredericks, Texas.

"Fort Worth (TX) Star-Telegram" Monday 11 Feb 1918 p 7

### 2 TEXANS ADDED TO TUSCANIA SURVIVORS

WASHINGTON, Feb. 14.—Seven additional names have been added to the survivors of the Tuscania. Two of the seven were Texans, Eugene Tomlinson of Bishop, and Hugo Weirich of Fredericksburg.

"Fort Worth (TX) Star-Telegram" Thursday 14 Feb 1918 p 3

Among those going to Fredericksburg from this vicinity to attend the funeral of Mr. Jacob Weirich, father of our fellow-townsmen, Mr. Henry Weirich Wednesday were: Henry Weirich and family, Messrs Albert Moursund and W. N. Cox, and Mrs. Ernst Paterman and Mrs. Heller of Johnson City; Mr. Aug Weirich, Otto Weirich and family, Alfred Weirich and family, Hugo Weirich and Emil Ludwig of the Rocky Community.

"Fredericksburg (TX) Standard" Friday 5 Feb 1932 p 5

— — — — — 0 — — — — —

**TEXAS WEEKLY INDUSTRIAL  
REVIEW**

— — — — —

Johnson City—Hugo Weirich and L. A. Crenweige opened Johnson City Bakery.

"Llano (TX) News" Thursday 22 Dec 1932 p 7



# Wenzel And Conrad Are New Operators Of Burg Store

By Virginia Lee Eckert  
Stonewall Correspondent

Sale of the Henry J. Burg Grocery Store, filling station, hardware store and cold drink stand in Stonewall was announced this week, effective July 1, by Marcus Burg, former operator of the business, to A. L. Wenzel and E. A. Conrad, formerly of San Antonio.

Mr. Wenzel, for twenty-six years a grocer in San Antonio, for the past two years has been living near Stonewall on the Hugo Weirich place he purchased before making his home in the community.

[article continues]

"Fredericksburg (TX) Standard" Wednesday 10 Jul 1946 p 9

Wife:

## Mrs. Hugo Weirich Rites Are Held Here Tuesday

Funeral services for Mrs. Hugo Weirich, 70, were held Tuesday, June 8, 1971, at 2 p. m., in the Beckmann Funeral Chapel, with the Rev. E. L. Arhelger, associate pastor of Holy Ghost Lutheran Church, officiating.

Mrs. Weirich died on Sunday, June 6, at 10:30 a. m., in a Kerrville Hospital.

The former Lydia Klaerner, she was born here on Oct. 12, 1900, the daughter of Alfred Klaerner and Emma McDougall Klaerner. She married Hugo Weirich on Feb. 17, 1921, and he preceded her in death on May 7, 1958.

She is survived by the fol-

lowing children: Irene, Mrs. Victor Knoll, Boerne; Melrose, Mrs. Ira Lee Sultemeier, Johnson City; Louise, Mrs. Jasper Danz, Kerrville; and Hugo Weirich Jr., Fredericksburg.

Also surviving are nine grandchildren, three great-grandchildren; three brothers: Chester, Alfons, and Hugo Klaerner, all of Fredericksburg; three sisters: Wanda, Mrs. Louis Crenwelge, Fredericksburg; Norma, Mrs. Earl Vick, Ft. Worth; Mrs. Caroline Bearss, Pomona, California; and her step-mother, Mrs. Alfred Klaerner, Fredericksburg.

She was preceded in death by a sister, Mrs. Mathilda Zesch, and a brother, Eugene Klaerner.

Alfred Crenwelge was the vocalist for the rites and Mrs. Victor Stahl, the organist.

Burial was in the City Cemetery.

Pallbearers were: Curtis Weirich, Wm. Lee Sultemeier, Wm. Welch, Edward Schmidt, Kermit Klaerner and Travis Klaerner.

168-229-125M

TEXAS STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

42717

B.O.V.S.  
FORM  
B

PLACE OF BIRTH  
(1) County Blanco  
City Johnson City

Reg. Dis. No. \_\_\_\_\_ Register No. 49

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME OF CHILD Irene Weirich (If child is not yet named, make supplemental report, as directed)

(1) Sex of child Female (4) Twin, triplet, or other \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (12) Legitimate Yes (13) Date of Birth Aug 23, 1922  
(To be answered in event of plural births) (Yes or no) (Month) (Day) (Year)

FATHER MOTHER

(6) FULL NAME Hugo Weirich (14) FULL MAIDEN NAME Lydia Klaerner

(7) RESIDENCE Hwy (15) RESIDENCE Hwy

(8) COLOR white AGE AT LAST BIRTHDAY 29 (Years) (16) COLOR white AGE AT LAST BIRTHDAY 21 (Years)

(9) BIRTHPLACE Pecos (17) BIRTHPLACE Pecos

(10) OCCUPATION Farmer (18) OCCUPATION House wife

(11) Number of children born to this mother, including present birth 1 Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(19) I hereby certify that I attended the birth of this child, who was born alive at 7-30 P M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report \_\_\_\_\_ 19\_\_\_\_

(Signature) J. H. Barnwell M.D. (Physician or Midwife)

Address Johnson City

Filed Aug 24 1922 Albert Moursund Registrar

Res. Hwy

For the State Law Governing Birth Registration Read Reverse Side.  
If there were than one child to be born a certificate for each child must be filed, follow carefully. For stillbirth file both birth and death certificates.

TX birth record of daughter Irene Weirich Knoll (1923-1986) -

[https://www.ancestry.com/imageviewer/collections/2275/images/33153\\_B061480-03455?pld=1719509](https://www.ancestry.com/imageviewer/collections/2275/images/33153_B061480-03455?pld=1719509)



Daughter Melrose Weirich Sultemier (1924-2017) - <https://www.ancestry.com/mediaui-viewer/tree/107708521/person/332228807395/media/7eaa3457-205e-42cb-81f0-6e41e8330b88>



TEXAS STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH 7990  
B. O. V. S. FORM B

(1) County Blanco  
City Johnson City  
Reg. Dis. No. 5822 Register No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

(2) FULL NAME OF CHILD Melrose Weirich  
If child is not yet named, make supplemental report, as directed

(3) Sex of Child Female (4) Twin, triplet, or other \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (12) Legitimate Yes (13) Date of Birth Feb 28, 1924  
(To be answered in event of plural births) (Month) (Day) (Year)

FATHER (6) FULL NAME Hugo Weirich (14) FULL MAIDEN NAME Lydia Klaines  
(7) RESIDENCE Johnson City (15) RESIDENCE Johnson City  
(8) COLOR White AGE AT LAST BIRTHDAY 30 (16) COLOR White AGE AT LAST BIRTHDAY 23  
(Years) (Years)  
(9) BIRTHPLACE Texas (17) BIRTHPLACE Texas  
(18) OCCUPATION Home (18) OCCUPATION House wife

(11) Number of children born to this mother, including present birth 2 Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(19) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated.  
~~stillborn~~

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report \_\_\_\_\_ 192\_\_\_\_  
\_\_\_\_\_  
Registrar.

(Signature) J. H. Barnwell  
(Physician or Midwife)  
Address Johnson City  
Filed March 3, 1924 Udell H. Meunier  
By H. W. C. Registrar.

FORM 528-7217-722-25M

TX birth record of Melrose Weirich Sultemier - <https://www.ancestry.com/discoveryui-content/view/1643474:2275>

## Melrose Weirich Sultemeier

in the U.S., Cemetery and Funeral Home Collection, 1847-Current

|               |                                     |
|---------------|-------------------------------------|
| Name          | Melrose Weirich Sultemeier          |
| Gender        | Female                              |
| Death Age     | 93                                  |
| Birth Date    | 28 Feb 1924                         |
| Birth Place   | Johnson City, Texas                 |
| Death Date    | 11 Jul 2017                         |
| Death Place   | Fredericksburg, Texas               |
| Burial Date   | 13 Jul 2017                         |
| Obituary Date | 12 Jun 2022                         |
| Parents       | Hugo Weirich; Lydia Klaener Weirich |
| Spouse        | Ira Lee Sultemeier                  |

<https://www.ancestry.com/discoveryui-content/view/311082582:2190>

TEXAS STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

B. O. V. R.  
**FORM B**  
104188

County of Blanco Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
City Johnson City (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(3) FULL NAME OF CHILD Louise Weirich If child is not yet named, make supplemental report, as directed.

(1) Sex of Child Female (4) Twin, triplet, or other \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Legitimate (Yes or No) Yes (7) Date of Birth Dec - 8, 1929  
(Month) (Day) (Year)

FATHER MOTHER  
(8) FULL NAME Hugo Weirich (14) FULL MAIDEN NAME Lydia Klamer  
(9) RESIDENCE Post Office Address Johnson City (15) RESIDENCE Post Office Address Johnson City  
(10) COLOR white (11) AGE AT LAST BIRTHDAY 36 (16) COLOR white (17) AGE AT LAST BIRTHDAY 29  
(Years) (Years)  
(12) BIRTHPLACE Dixon (18) BIRTHPLACE Dixon  
(19) OCCUPATION Farmer (19) OCCUPATION House wife  
(20) Number of children born to this mother, including present birth 3 (21) Number of children of this mother now living 3

(22) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ~~stillborn~~ born alive at 1-40A, M. on the date above stated

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) J. H. Barnwell (Physician or Midwife)  
Address Johnson City  
(23) Filed July 21, 1930 by J. H. Barnwell Registrar.  
Registrar. \_\_\_\_\_  
(24) Were prophylactic precautions taken at time of birth to prevent ophthalmia neonatorum? Yes No

FORM 52B-G199-1127-100H

When more than one child is born a certificate for each child must be filed, filling items 4 and 5 carefully. For stillbirth file both birth and death certificates.

TX birth record of **daughter Louise Eugenia Weirich Foerster Danz (1929-2006)** -  
[https://www.ancestry.com/imageviewer/collections/2275/images/33153\\_B061639-00353?pld=2033680](https://www.ancestry.com/imageviewer/collections/2275/images/33153_B061639-00353?pld=2033680)

## *Area Death*

### **Weirich**

Hugo Weirich Jr., son of Hugo Weirich Sr. and Lydia (Klaerner) Weirich passed away at his home in Fredericksburg Monday, October 2, 1978 at age 46.

He was born in Blanco County.

On April 15, 1961 he was married to Dora Lee Crenwelge of Doss and Harper. She is the daughter of Mr. and Mrs. Eugene Crenwelge.

Mr. Weirich was employed by the Postal Service for the past 21 years.

He is survived by his wife Dora Lee; children, one son, Dwayne Weirich; three daughters, Denise, Shelly and Candice Weirich of Fredericksburg; three sisters, (Irene) Mrs. Victor Knoll of Boerne, (Melrose) Mrs. Ira Lee Sultemeier of Johnson City, and (Louise) Mrs. Jasper Danz of Kerrville.

Services were held Wednesday, October 4, in Holy Ghost Lutheran Church in Fredericksburg under the direction of Beckmann Funeral Home.

Obituary of son **Hugo Weirich Jr. (1932-1978)** – published in "Ranchland Post Dispatch" (Johnson City TX) Thursday 12 Oct 1978 – on Find A Grave 148741985





**JUNIOR GIANTS . . .** The Fredericksburg Junior Giants, district champions in the American Legion Junior Giants baseball race, are shown above. Left to right, they are: Coach Roy Langerhans, Vernon Brodbeck, Harvey Eckert, James Enderlin, Edward Peter, J. L. Knopp, Kenneth Kordzik, Hugo Weirich, Kenneth Heimann. Kneeling: James Nebgen, Hy. Becker Jr., Charles Klein, Elroy Behrends and Donald Dittmar. The boys ended their season last Wednesday by losing to Comfort 15-2.



Son Hugo Weirich, standing, 2<sup>nd</sup> from right – “Fredericksburg (TX) Standard” Wednesday 10 Aug 1949 p 7



**DWAYNE MICHAEL WEIRICH**, Gillespie County's first baby of 1963 is shown with his parents, Mr. and Mrs. Hugo Weirich Jr. His mother was the former Dora Lee Crenwelge. He arrived at 2:30 p. m., on January 2. His dad Sunday night accepted prizes donated by Fredericksburg merchants, as they were awarded from the stage of the Palace Theatre by Mayor Sidney Henke.

—Standard Photo Engraving

"Fredericksburg (TX) Standard" Wednesday 9 Jan 1963 p 1

When more than one child is born, file a certificate for each child and fill Items 4 and 5 carefully. For a stillbirth file both birth and death certificate.

TEXAS STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

788

(1) PLACE OF BIRTH  
County of Blanco District No. \_\_\_\_\_ Register No. \_\_\_\_\_  
City Hye No. \_\_\_\_\_ St. \_\_\_\_\_

(2) FULL NAME OF CHILD Hugo Weirich Jr. If child is not yet named, make supplemental report, as directed.

(3) SEX OF CHILD male (4) TWIN, TRIPLET, OR OTHER \_\_\_\_\_ (5) NUMBER IN ORDER OF BIRTH \_\_\_\_\_ (6) LEGITIMATE (Yes or No) yes (7) DATE OF BIRTH Jan. 20 1932  
(Month) (Day) (Year)

(8) FULL NAME FATHER Hugo Weirich (14) FULL MAIDEN NAME MOTHER Ledia Klearner  
(9) RESIDENCE Post Office Address Hye (15) RESIDENCE Post Office Address Hye  
(10) COLOR White (11) AGE AT LAST BIRTHDAY 38 YRS. (16) COLOR White (17) AGE AT LAST BIRTHDAY 31 YRS.  
(12) BIRTHPLACE Levas (18) BIRTHPLACE Levas  
(13) OCCUPATION Farmer (19) OCCUPATION Housewife  
(20) NUMBER OF CHILDREN BORN TO THIS MOTHER, INCLUDING PRESENT BIRTH 4 OF THIS MOTHER NOW LIVING 4

(22) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was born alive at 9 30 A M. on the date stated above.  
(Signature) J. F. Barnwell M.D. (Physician or Midwife)  
Address Johnson City,  
Report \_\_\_\_\_, 19 32 P. J. Adams Registrar.

(24) Were prophylactic precautions taken at time of birth to prevent ophthalmia neonatorum? Yes \_\_\_\_\_ No \_\_\_\_\_

FILED  
FEB 4 1932  
REGISTRAR

TX birth record of son Hugo Weirich Jr. (1932-1978) -

[https://www.ancestry.com/imageviewer/collections/2275/images/33153\\_B061724-00995?pld=3723445](https://www.ancestry.com/imageviewer/collections/2275/images/33153_B061724-00995?pld=3723445)

STATE OF TEXAS 086-01-2-086-01 CERTIFICATE OF DEATH 4109 STATE FILE NO. 77216

|                                                                                                                                                                                                                                                                                    |                                                                                      |                                                                                                                                                                                                     |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Gillespie                                                                                                                                                                                                                                           |                                                                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>a. STATE Texas b. COUNTY Gillespie                                                                         |                                                      |
| b. CITY OR TOWN (If outside city limits, give precinct no.) Fredericksburg                                                                                                                                                                                                         |                                                                                      | c. CITY OR TOWN (If outside city limits, give precinct no.) Fredericksburg                                                                                                                          |                                                      |
| d. NAME OF (If not in hospital, give street address) Hill Country Memorial Hospital                                                                                                                                                                                                |                                                                                      | e. STREET ADDRESS (If rural, give location) 707 W. Schubert St                                                                                                                                      |                                                      |
| f. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                       |                                                                                      | g. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> h. RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                                      |
| 3. NAME OF DECEASED (Type or print) Hugo F. Weirich Jr.                                                                                                                                                                                                                            |                                                                                      | 4. DATE OF DEATH 2 October 1978                                                                                                                                                                     |                                                      |
| 5. SEX male                                                                                                                                                                                                                                                                        | 6. COLOR OR RACE cau.                                                                | 7. Marital Status Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                             | 8. DATE OF BIRTH 20 January 1932                     |
| 9. AGE (In years last birthday) 46                                                                                                                                                                                                                                                 |                                                                                      | 10. UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Minutes                                                                                                                                         |                                                      |
| 11a. USUAL OCCUPATION (Give kind of work done during last week) Mail carrier                                                                                                                                                                                                       |                                                                                      | 11b. KIND OF BUSINESS OR INDUSTRY Postal Service                                                                                                                                                    |                                                      |
| 12. BIRTHPLACE (State or foreign country) Blanco Co. Texas                                                                                                                                                                                                                         |                                                                                      | 13. CITIZEN OF WHAT COUNTRY? USA                                                                                                                                                                    |                                                      |
| 14. FATHER'S NAME Hugo Weirich Sr.                                                                                                                                                                                                                                                 |                                                                                      | 15. MOTHER'S NAME Lydia Klaerner                                                                                                                                                                    |                                                      |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give branch, dates of service) Yes Korean War                                                                                                                                                                                    |                                                                                      | 17. SECURITY NO. 457-50-2984                                                                                                                                                                        |                                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Coronary occlusion sudden<br>Conditions, if any, which gave rise to above cause (b) stating the underlying cause last:<br>DUE TO (b)<br>DUE TO (c) |                                                                                      | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                      |                                                      |
| 20. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a)                                                                                                                                                |                                                                                      |                                                                                                                                                                                                     |                                                      |
| 21. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)                                                                                                                                                                                                   |                                                                                      |                                                                                                                                                                                                     |                                                      |
| 22. TIME OF DEATH NOV 2 1978                                                                                                                                                                                                                                                       |                                                                                      |                                                                                                                                                                                                     |                                                      |
| 23. BUREAU OF VITAL STATISTICS                                                                                                                                                                                                                                                     |                                                                                      |                                                                                                                                                                                                     |                                                      |
| 24. INJURY OCCURRED                                                                                                                                                                                                                                                                | 25. PLACE OF INJURY (e.g., in or about home, factory, street, office building, etc.) | 26. CITY, TOWN, OR LOCATION                                                                                                                                                                         | 27. COUNTY                                           |
| 28. STATE                                                                                                                                                                                                                                                                          | 29. DATE OF DEATH 10-2                                                               | 30. TIME OF DEATH 8:05 p.m.                                                                                                                                                                         | 31. DATE OF DEATH 10-2                               |
| 32. SIGNATURE                                                                                                                                                                                                                                                                      | 33. ADDRESS 258 E. Main Fredericksburg, Texas                                        | 34. DATE SIGNED 10-9-78                                                                                                                                                                             | 35. NAME OF CEMETERY OR CREMATORY St Mary's Cemetery |
| 36. BURIAL, CREMATION, REMOVAL (Specify) Burial                                                                                                                                                                                                                                    | 37. DATE 4 October 1978                                                              | 38. FUNERAL DIRECTOR'S SIGNATURE Beckmann F.H. Harry A. Hartmann                                                                                                                                    | 39. REGISTRAR'S SIGNATURE Donald Lange, County Clerk |
| 40. LOCATION Fredericksburg, Gillespie, Texas                                                                                                                                                                                                                                      | 41. REGISTRAR'S FILE NO. 163                                                         | 42. DATE RECD BY LOCAL REGISTRAR OCT 19 1978                                                                                                                                                        |                                                      |

TX death record of son Hugo F. Weirich -

[https://www.ancestry.com/imageviewer/collections/2272/images/33154\\_b063038-04897?pld=1313688](https://www.ancestry.com/imageviewer/collections/2272/images/33154_b063038-04897?pld=1313688)

Father:



1 PLACE OF DEATH  
State of Texas  
COUNTY Tellus  
CITY OR PRECINCT Fredericksburg Tex

TEXAS STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
Standard Certificate of Death. 620

Registrar's No. 58214  
53679

2 FULL NAME OF DECEASED August Weirich  
Length of residence in city where death occurred yrs. mos. days How long in U. S. If foreign born? yrs. mos. days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH (Month, day, and year) July 1-1857

7 AGE Yrs. 73 Mos. 5 Days 23 If LESS than 1 day, hrs. or min.)

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Tellus Co.

PARENTS

10 NAME OF FATHER Jacob Weirich

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER No Record

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 Signature of Informant Edwin Weirich  
Address Fluy, Texal Route #2

15 FILED Dec. 27 1930 Albert E. Hott Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH December 24-1930

17 I HEREBY CERTIFY, That I attended deceased from June, 1930, to Dec, 1930, that I last saw him alive on Dec 24, 1930, and that death occurred on the date stated above, at 2:15 PM. The CAUSE OF DEATH was as follows:  
Tumor of brain.  
Tumor of cerebral hemisphere.  
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) General paresis  
(duration) 6 yrs. mos. ds.

18 Where was disease contracted \_\_\_\_\_ If not at place of death? \_\_\_\_\_

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Dr. H. H. Hott M. D.  
Dec 27 1930 (Address Fredericksburg Tex)

19 PLACE OF BURIAL OR REMOVAL Fredericksburg Tex DATE OF BURIAL 12-25-30

20 UNDERTAKER Max H. Beckmann ADDRESS Fluy Tex.

TX death record of August Weirich -

[https://www.ancestry.com/imageviewer/collections/2272/images/40394\\_b062010-02771?pld=22924505](https://www.ancestry.com/imageviewer/collections/2272/images/40394_b062010-02771?pld=22924505)

## August Weirich

---

After a lingering illness, Mr. August Weirich, died at his home at Live Oak, December 24th at 2:15 p. m. Deceased was born in the Live Oak Community on July 1st, 1857, a son of Mr. and Mrs. Jacob Weirich Sr., and had attained the age of 73 years, 5 months and 23 days. On December 10, 1885, he was united in marriage with Miss Klara Schultze who with nine children mourn his passing away.

The names of the children are Otto, Alfred and Hugo of Hye, and Edwin of San Antonio, Mrs. Emil Ludwig of Hye, Mrs. Alfred Kilbarn of Robstown, Mrs. Friedrich Ludwig of San Antonio, and Mesdames Harry Boos and Henry Borchers of Fredericksburg.

Other survivors are two brothers, Jacob and William Weirich, two sisters, Mrs. Wm. Kolmeier Sr., and Mrs. Jacob Usener, 32 grand children and numerous other relatives. One brother Michael and a sister Mrs. Henry Henke preceded him in death.

Funeral services were held December 25th at 3 p. m. from the family residence and interment made in the City Cemetery. Rev. Arthur Koerner conducted the funeral services. The choir of the Holy Ghost Church sang at the grave.

Obituary of father August Weirich – “Fredericksburg (TX) Standard” Friday 2 Jan 1931 p 1 -  
<https://www.newspapers.com/article/59616969/fredericksburg-standard/?xid=637>

Mother:

## Mrs. August Weirich Succumbs; Rites Held Here On Thursday

Final rites were held on Thursday, September 6, at 4 p. m., in the Beckmann Funeral Home for Mrs. August Weirich, nee Clara Schulze, who died at the home of her daughter, Mrs. Henry Borchers, on Wednesday, September 5, at 10:45 a. m.

The Rev. Otto Lindenberg of the Holy Ghost Lutheran Church officiated at the rites and the choir of the church sang at the funeral home. Interment was made in the City Cemetery.

Mrs. Weirich was born on February 27, 1865, the daughter of Ferdinand Schulze and Eleonore Kossmann Schulze and at the time of her death had attained the age of 80 years, 6 months and 9 days.

She was united in marriage with Mr. August Weirich on December 10, 1885 in Fredericksburg. For many years they lived in Blanco County, but since shortly after the death of her husband on December 24, 1930 she made her home in Fredericksburg.

Survivors include the following children: Otto Weirich, Johnson City; Alfred Weirich, Hye; Hugo Weirich, San Diego, California; Edwin Weirich, Lake Charles, La.; Erna, Mrs. Emil Ludwig, Hye; Eleonore Mrs. Alfred Kilburn, Victoria; Hulda, Mrs. Fred Lindig, San Antonio and Mathilde, Mrs. Henry Borchers, Fredericksburg.

Also surviving are 38 grandchildren and 17 great grandchildren; a brother, Rev. Gustave Schulze, Mason and a sister, Mrs. Hortensia Ischar, Mason.

One daughter, Elise, Mrs. Harry Boos, preceded her in death; as did two brothers and four sisters.

Obituary of mother – “Fredericksburg (TX) Standard” Wednesday 12 Sep 1945 p 6

Siblings:



**JOHNSON CITY (BLANCO)**

## Otto Weirich Rites Held In Fredericksburg

Funeral services were held in the Beckmann Funeral Home, Fredericksburg, on Friday, Aug. 28, at 2:30 p. m., for Otto Weirich, 72, who died at his home in Fredericksburg on Wednesday, Aug. 26, 1959 at 3 p. m.

Weirich, who for many years lived in the Rocky Community of Blanco County, had been a resident of Fredericksburg for the past five years.

He was born in Gillespie County on May 4, 1887, the son of August Weirich and Clara Schulz Weirich, and was married to Miss Vera Arlt on March 27, 1912 in Fredericksburg.

He is survived by his wife and the following children: Walter Weirich, Austin; Olivia, Mrs. Alvin Sultemeier, Johnson City; Marvin Weirich at Blanco; Thelma, Mrs. Leroy Oehler, Fredericksburg; Erna, Mrs. Christian Fopp, Pearisburg; Myrtle, Mrs. Raymond Deke, Albert; Victor Weirich, Blanco; Franklin Weirich, Austin; Viola, Mrs. Edward Hall, Germany; and Alvin, Mrs. Fritz Wittkohl, Austin.

Also surviving are 30 grandchildren and the following brothers and sisters: Erna, Mrs. Emil Ludwig, Johnson City; Alfred Weirich, Fredericksburg; Nora, Mrs. Alfred Kilborn, Fredericksburg; Hulda, Mrs. Fred Lindig, San Antonio; Mathilda, Mrs. Henry Borchers, Fredericksburg and Edwin Weirich, Fredericksburg.

He was preceded in death by a son, Levi Weirich, who died in 1954; a sister, Mrs. Elise Boss; and a brother, Hugo Weirich.

The Rev. G. C. Senff officiated in the rites and a duett sang at the funeral home. Burial was in the City Cemetery.

Pallbearers at the rites were: Oswald Weirich, Bobby Borchers, Curtis Weirich, William Arlt, Edward Schlaridt and Hilmar Jung.

Obituary of **brother Otto Emil Weirich (1887-1959)** – published in the “Johnson City (TX) Record Courier” Friday 4 Sep 1959 – on Find A Grave 60829520

086-1-1-2 086-1-1-1

1990 17

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO. 44236

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <i>Gillespie</i>                                                                                                                                                                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>a. STATE <i>Texas</i> b. COUNTY <i>Gillespie</i>                                                                                                                            |  |
| b. CITY OR TOWN (If outside city limits, give precinct no.)<br><i>Fredericksburg</i>                                                                                                                                                  |  | c. CITY OR TOWN (If outside city limits, give precinct no.)<br><i>Fredericksburg</i>                                                                                                                                                                                 |  |
| d. NAME OF (If not in hospital, give street address)<br>HOSPITAL OR INSTITUTION <i>Fredericksburg Hospital &amp; Clinic</i>                                                                                                           |  | e. STREET ADDRESS (If rural, give location)<br><i>RT # 2 Shaw Ave</i>                                                                                                                                                                                                |  |
| a. IS PLACE OF DEATH INSIDE CITY LIMITS?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                       |  | b. IS RESIDENCE INSIDE CITY LIMITS?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                           |  |
| c. IS RESIDENCE ON A FARM?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                     |  | d. DATE OF DEATH<br><i>August 26, 1959</i>                                                                                                                                                                                                                           |  |
| 3. NAME OF DECEASED<br>(Type or print) <i>Otto Emil Weirich</i>                                                                                                                                                                       |  | 4. DATE OF BIRTH<br><i>May 4, 1887</i>                                                                                                                                                                                                                               |  |
| 5. SEX <i>Male</i> a. COLOR OR RACE <i>White</i>                                                                                                                                                                                      |  | b. DATE OF BIRTH<br><i>May 4, 1887</i>                                                                                                                                                                                                                               |  |
| c. MARRIAGE STATUS<br>Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                                                        |  | c. PLACE (State or foreign country)<br><i>Gillespie</i>                                                                                                                                                                                                              |  |
| 10. USUAL OCCUPATION (Give kind of work done. If only seasonal work, give season and kind)<br><i>Retired Farmer</i>                                                                                                                   |  | 11. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>                                                                                                                                                                                                                        |  |
| 12. FATHER'S NAME<br><i>August Weirich</i>                                                                                                                                                                                            |  | 14. MOTHER'S MARRIAGE NAME<br><i>Clara Schulze</i>                                                                                                                                                                                                                   |  |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(If yes, no, or unknown) (If yes, give war or dates of service)                                                                                                                        |  | 16. SOCIAL SECURITY NO.<br><i>450-38-7806</i>                                                                                                                                                                                                                        |  |
| 17. INFORMANT<br><i>Mrs. Werra Weirich</i>                                                                                                                                                                                            |  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Pneumonia</i><br>DUE TO (b) <i>Heart Failure</i><br>DUE TO (c) <i>Metastatic Carcinoma from Primary Carcinoma of the Stomach</i> |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                                                                                                                             |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)                                                                                                                                                                         |  |
| 20c. TIME OF INJURY<br>Hour <i>3:00</i> Minute <i>00</i>                                                                                                                                                                              |  | 20d. INJURY OCCURRED<br>WHOLE AT <input type="checkbox"/> NOT WHOLE AT <input type="checkbox"/>                                                                                                                                                                      |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)                                                                                                                                           |  | 20f. CITY, TOWN, OR LOCATION<br><i>Fredericksburg, Texas</i>                                                                                                                                                                                                         |  |
| 21. I hereby certify that I attended the deceased from <i>Sept 13</i> to <i>Aug 26</i> and last saw the deceased alive on <i>Aug 26</i> 19 <i>59</i> . Death occurred at <i>3 P</i> on the <i>26</i> day of <i>Aug</i> 19 <i>59</i> . |  | 22a. SIGNATURE<br><i>Shirley M. R.</i>                                                                                                                                                                                                                               |  |
| 22b. ADDRESS<br><i>Fredericksburg, Texas</i>                                                                                                                                                                                          |  | 22c. DATE SIGNED<br><i>Aug 31, 1959</i>                                                                                                                                                                                                                              |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>                                                                                                                                                                            |  | 23b. DATE<br><i>August 28, 1959</i>                                                                                                                                                                                                                                  |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><i>City Cemetery</i>                                                                                                                                                                            |  | 24. FUNERAL DIRECTOR'S SIGNATURE<br><i>Beckmann Funeral Home</i>                                                                                                                                                                                                     |  |
| 25. REGISTRAR'S FILE NO.<br><i>67</i>                                                                                                                                                                                                 |  | 25a. DATE REC'D BY LOCAL REGISTRAR<br><i>Sept. 9, 1959</i>                                                                                                                                                                                                           |  |
| 25b. REGISTRAR'S SIGNATURE<br><i>Glenn L. Hagan</i>                                                                                                                                                                                   |  | 25c. REGISTRAR'S SIGNATURE<br><i>Glenn L. Hagan</i>                                                                                                                                                                                                                  |  |

TEXAS DEPARTMENT OF HEALTH  
REC'D SEP 10 1959  
BUREAU OF VITAL STATISTICS

VS-112 REV. 1/58

TX death record of Otto Emil Weirich -

[https://www.ancestry.com/imageviewer/collections/2272/images/40394\\_b062551-00239?pld=23893476](https://www.ancestry.com/imageviewer/collections/2272/images/40394_b062551-00239?pld=23893476)

016-00-4 016-00

STATE OF TEXAS CERTIFICATE OF DEATH 1861 STATE FILE NO 100012

1 NAME OF DECEASED (Type or print) Erna (a) First (b) Middle (c) Last Ludwig

2 SEX Female 3 DATE OF DEATH November 24, 1982

4 RACE White 5a WAS THE DECEDENT OF SPANISH ORIGIN? NO 5b IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.

6 DATE OF BIRTH 9/7/1888 7 AGE (In years last birthday) 94 8 IF UNDER 1 YEAR Months Days Hours Minutes

9a PLACE OF DEATH - COUNTY Blanco 9b CITY OR TOWN (If outside city limits, give precinct no.) Johnson City

10 BIRTHPLACE (State or foreign country) Texas 11 CITIZEN OF WHAT COUNTRY? U. S. A.

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? No 13 SURVIVING SPOUSE (If wife, give maiden name) None

14 SOCIAL SECURITY NO 451-60-3335 15a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 15b KIND OF BUSINESS OR INDUSTRY Out Home

16a RESIDENCE - STATE Texas 16b COUNTY Blanco 16c CITY OR TOWN (If outside city limits, show rural) Rural 16d STREET ADDRESS (If rural, give location) Route 3 JOHNSON CITY, TX 16e INSIDE CITY LIMITS? No

17 FATHER'S NAME August Weirich 18 MOTHER'S MAIDEN NAME Clara Schultze 19 SIGNATURE OF INFORMANT [Signature]

20 IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), (c))

PART I

(a) Sepsis 1 day

(b) Pneumonia - Urinary Infection 7 days

(c) Senile Dementia 5 years

21 AUTOPSY? No

22a ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) 22b DATE OF INJURY (Mo., Day, Yr.) 22c HOUR OF INJURY 22d DESCRIBE HOW INJURY OCCURRED

22e INJURY AT WORK (Specify yes or no) 22f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 22g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

23a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) [Signature]

23b DATE SIGNED (Mo., Day, Yr.) 12-6-82 23c HOUR OF DEATH 6:40 P. M.

23d NAME OF ATTENDING PHYSICIAN (Type or print) Dr. Eduardo E. Garcia, M. D.

24a On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) TEXAS DEPARTMENT OF HEALTH REC'D DEC 17, 1982 BUREAU OF VITAL STATISTICS

24b PRONOUNCED DEAD (Mo., Day, Year) 24c PRONOUNCED DEAD (Hour) AT M.

25a BURIAL, CREMATION, REMOVAL (Specify) Burial 25b DATE November 26, 1982 25c NAME OF CEMETERY OR CREMATORY City Cemetery

25d LOCATION (City, town, or county) Fredericksburg, Texas 25e SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING IN SUCH CAPACITY Beckmann Funeral Home [Signature]

26 REGISTRAR'S FILE NO 34 26b DATE REC'D BY LOCAL REGISTRAR 12-9-82 26c SIGNATURE OF LOCAL REGISTRAR [Signature]

VS-112, REV. 1/80

TEXAS DEPARTMENT OF HEALTH  
REC'D JAN 11 1983  
BUREAU OF VITAL STATISTICS

TX death record of sister Erna Weirich Ludwig (1888-1982) -

[https://www.ancestry.com/imageviewer/collections/2272/images/33154\\_b063139-01139?pid=61598888](https://www.ancestry.com/imageviewer/collections/2272/images/33154_b063139-01139?pid=61598888)

## A A Weirich Funeral Rites Held March 26

Alfred August Weirich, 85, died Monday, March 24, 1975, at 9:15 p.m., in a San Antonio nursing Home. Funeral services were held Wednesday, March 26, at 2 p.m., in Beckmann Funeral Chapel, with the Rev. Lee Eschberger officiating. Burial followed in the Trinity Lutheran Cemetery.

Mr. Weirich was born Feb. 13, 1890, in Gillespie County, the son of August Weirich and Clara Schulze Weirich. He married Gretchen Klappenbach Dec. 19, 1915, in Johnson City, and she preceded him in death in January 1943.

He is survived by the following children: Hilda, Mrs. Vernon Schmidt, Blanco; Mrs. Esther Wilke, Albert; Alfred O. Weirich, Fredericksburg; Reginald Weirich, Hondo; Evelyn, Mrs. Lee Walker Jr., San Antonio; 13 grandchildren;

eight great-grandchildren; two sisters and a brother: Erna, Mrs. Emil Ludwig, Johnson City; Mathilda, Mrs. Henry Borchers, and Edwin Weirich, both of Fredericksburg.

Preceding him in death, in addition to his wife, were two grandchildren; one son-in-law, Marvin Wilke; and the following brothers and sisters: Otto and Hugo Weirich; Eliese, Mrs. Harry Boos; Elenora, Mrs. Alfred Kilbarn; Hulda, Mrs. Fred Lindig.

Palbearers were Larry Weirich, Lester Wilke, Wayne Weirich, Hugo Weirich Jr., Carl Poenich and Bob Borchers.

Alfred Crenwelge was the vocalist for the services and Mrs. Victor Stahl, the organist.

Obituary of brother Alfred August Weirich (1890-1975) – "Fredericksburg (TX) Standard"  
Wednesday 2 Apr 1975 p 16



| STATE OF TEXAS                                                                                                                                                                                                                                                        |  | 015-01-2 015-01                                                                                                         |  | CERTIFICATE OF DEATH                                                                                                                                                          |  | STATE FILE NO. 16306                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Bexar</b>                                                                                                                                                                                                                           |  |                                                                                                                         |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>a. STATE <b>Texas</b> b. COUNTY <b>Bexar</b>                                         |  |                                                           |  |
| b. CITY OR TOWN (If outside city limits, give precinct no.)<br><b>San Antonio</b>                                                                                                                                                                                     |  |                                                                                                                         |  | c. CITY OR TOWN (If outside city limits, give precinct no.)<br><b>San Antonio</b>                                                                                             |  |                                                           |  |
| d. NAME OF IF not in hospital, give street address<br><b>Four Seasons Nursing Home 5027 Pecan Grove</b>                                                                                                                                                               |  |                                                                                                                         |  | d. STREET ADDRESS (If rural, give location)<br><b>3447 Bob Bille ST.</b>                                                                                                      |  |                                                           |  |
| e. IS PLACE OF DEATH INSIDE CITY LIMITS?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                       |  |                                                                                                                         |  | e. IS RESIDENCE INSIDE CITY LIMITS?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                    |  |                                                           |  |
| f. IS RESIDENCE ON A FARM?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                     |  |                                                                                                                         |  |                                                                                                                                                                               |  |                                                           |  |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Alfred August</b>                                                                                                                                                                                                        |  | (a) First <b>Alfred</b> (b) Middle <b>August</b> (c) Last <b>Weirich</b>                                                |  | 4. DATE OF DEATH<br><b>24 March 1975</b>                                                                                                                                      |  |                                                           |  |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                                 |  | 6. COLOR OR RACE<br><b>Cau.</b>                                                                                         |  | 7. Marital Status<br>Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>13 Feb. 1920</b>                   |  |
| 9. AGE (In years last birthday)<br><b>55</b>                                                                                                                                                                                                                          |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, as well as retired)<br><b>Retired Rancher</b> |  | 10. KIND OF BUSINESS OR INDUSTRY<br><b>Retired Rancher</b>                                                                                                                    |  | 11. BIRTHPLACE (State or foreign country)<br><b>Texas</b> |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                                                                                                                                                                                                         |  | 13. FATHER'S NAME<br><b>August Weirich</b>                                                                              |  | 14. MOTHER'S MAIDEN NAME<br><b>Clara Schulze</b>                                                                                                                              |  | 15. INFORMANT<br><b>UNKNOWN Alfred O Weirich</b>          |  |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(If yes, give war or dates of service)<br><b>NO</b>                                                                                                                                                                    |  | 17. SOCIAL SECURITY NO.<br><b>UNKNOWN</b>                                                                               |  | 18. INTERNAL SUPPLIED (Check and leave blank)<br><b>Immediate years -</b>                                                                                                     |  |                                                           |  |
| <b>TEXAS DEPARTMENT OF HEALTH</b><br><b>BUREAU OF VITAL STATISTICS</b><br><b>REC'D APR 9 1975</b><br><b>IMMEDIATE CAUSE (a) Cardiac Arrhythmia (b) ASCVD</b><br><b>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b> |  |                                                                                                                         |  |                                                                                                                                                                               |  |                                                           |  |
| PART 3. OTHER SIGNIFICANT CONDITIONS CONTINUING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)<br><b>Fractured R hip</b>                                                                                                               |  |                                                                                                                         |  |                                                                                                                                                                               |  |                                                           |  |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                                                                                                                                                  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)<br><b>fell at home -</b>   |  |                                                                                                                                                                               |  |                                                           |  |
| 21. TIME OF INJURY<br><b>9:00 2-7-75</b>                                                                                                                                                                                                                              |  | 22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)<br><b>Home</b>                        |  |                                                                                                                                                                               |  |                                                           |  |
| 23. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>                                                                                                                                                   |  | 24. CITY, TOWN, OR LOCATION<br><b>San Antonio Bexar 2400</b>                                                            |  |                                                                                                                                                                               |  |                                                           |  |
| 25. I hereby certify that I attended the deceased from<br><b>March 24</b>                                                                                                                                                                                             |  | 26. Death occurred at<br><b>9:15 p.m.</b>                                                                               |  |                                                                                                                                                                               |  |                                                           |  |
| 27. SIGNATURE<br><b>Edwin Cunningham</b>                                                                                                                                                                                                                              |  | 28. ADDRESS<br><b>4242 E South Cross SA Tex 3-26-75</b>                                                                 |  |                                                                                                                                                                               |  |                                                           |  |
| 29. DATE<br><b>26 March 1975</b>                                                                                                                                                                                                                                      |  | 30. NAME OF CEMETERY OR CRIMATORY<br><b>Trinity Lutheran Cemetery</b>                                                   |  |                                                                                                                                                                               |  |                                                           |  |
| 31. REMOVAL FOR BURIAL<br><b>Gillespie County Texas</b>                                                                                                                                                                                                               |  | 32. FUNERAL DIRECTOR'S SIGNATURE<br><b>Beckmann Funeral Home</b>                                                        |  |                                                                                                                                                                               |  |                                                           |  |
| 33. REGISTRAR'S FILE NO.<br><b>1836</b>                                                                                                                                                                                                                               |  | 34. REGISTRAR'S SIGNATURE<br><b>R. M. Wainwright</b>                                                                    |  |                                                                                                                                                                               |  |                                                           |  |

TX death record of Alfred August Weirich -

[https://www.ancestry.com/imageviewer/collections/2272/images/33154\\_b062943-02684?pId=60825237](https://www.ancestry.com/imageviewer/collections/2272/images/33154_b062943-02684?pId=60825237)





Linked to Alfred August Weirich – captioned “young dad” – men not identified – but based on the uniforms, this is likely WWII and he would be the older man in the middle in the white shirt - <https://www.ancestry.com/mediaui-viewer/tree/107708521/person/332228302097/media/ba63d4df-1c42-4d53-9b33-7052bde25989>

| Texas, Divorce Index, 1968-2014 |                       |
|---------------------------------|-----------------------|
| <a href="#">View record</a>     |                       |
| Name                            | Emma H Weirich        |
| Gender                          | Female                |
| Divorce Age                     | 76                    |
| Birth Date                      | 1895                  |
| Marriage Date                   | 26 Sep 1948           |
| Divorce Date                    | 12 Jul 1971           |
| Divorce Place                   | Gillespie, Texas, USA |
| Spouse                          | Alfred A Weirich      |
| Number of Children              | 0                     |
| Case Number                     | 028027                |

Divorce of Alfred from 2<sup>nd</sup> wife, Emma H. Poehnert Kohler Weirich - <https://www.ancestry.com/family-tree/person/tree/107708521/person/332228760732/facts>

If NON-RESIDENT, be careful to give the complete residence of the deceased, stating both city, county and state. The residence is the usual place of abode.

| TEXAS STATE DEPARTMENT OF HEALTH<br>BUREAU OF VITAL STATISTICS<br>STANDARD CERTIFICATE OF DEATH                                                                 |                               | Registrar's No. <u>50</u><br><b>30718</b>                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>STATE OF TEXAS<br>COUNTY OF <u>Gillespie Co.</u><br>CITY OR PRECINCT NO. <u>Fredericksburg Tex.</u>                                        |                               | Street _____<br>If in an institution, give name of institution instead of Street and No.                                                                           |
| Length of residence in city where death occurred <u>1</u> yrs. <u>8</u> mos. <u>22</u> days How long in U. S. if foreign born? _____ yrs. _____ mos. _____ days |                               |                                                                                                                                                                    |
| 2. FULL NAME OF DECEASED <u>Mrs. Harry Boos</u>                                                                                                                 |                               |                                                                                                                                                                    |
| RESIDENCE OF THE DECEASED No. _____ Street _____ City <u>Fredericksburg Texas</u>                                                                               |                               |                                                                                                                                                                    |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                            |                               |                                                                                                                                                                    |
| 3. SEX <u>Female</u>                                                                                                                                            | 4. COLOR OR RACE <u>White</u> | 5. Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Write the word) |
| 6. If married, widowed, or divorced HUSBAND of <u>Mrs. Harry Boos</u> (or) WIFE of _____                                                                        |                               |                                                                                                                                                                    |
| 7. DATE OF BIRTH (month, day, and year) <u>Sept. 13, 1874</u>                                                                                                   |                               |                                                                                                                                                                    |
| 7. AGE <u>41</u> Years <u>8</u> Months <u>22</u> Days or LESS than 1 day, _____ hrs. _____ min.                                                                 |                               |                                                                                                                                                                    |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House hold</u>                                                   |                               |                                                                                                                                                                    |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                                                                              |                               |                                                                                                                                                                    |
| 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____                                   |                               |                                                                                                                                                                    |
| 12. BIRTHPLACE (City or Country) <u>Gillespie Co.</u>                                                                                                           |                               |                                                                                                                                                                    |
| 13. NAME <u>Aug. Weirich</u>                                                                                                                                    |                               |                                                                                                                                                                    |
| 14. BIRTHPLACE (City or Town) <u>Gillespie Co.</u>                                                                                                              |                               |                                                                                                                                                                    |
| 15. MAIDEN NAME <u>Klara Schultze</u>                                                                                                                           |                               |                                                                                                                                                                    |
| 16. BIRTHPLACE (City or Town) <u>Gillespie Co.</u>                                                                                                              |                               |                                                                                                                                                                    |
| 17. INFORMANT <u>Mrs. Harry Boos</u><br>(Address) <u>Fredericksburg Texas</u>                                                                                   |                               |                                                                                                                                                                    |
| 18. BURIAL, CREMATION OR REMOVAL Place <u>Fredericksburg</u> Date <u>June 6, 1936</u>                                                                           |                               |                                                                                                                                                                    |
| 19. UNDERTAKER <u>Arthur Schaeffer</u><br>(Address) <u>Fredericksburg Texas</u>                                                                                 |                               |                                                                                                                                                                    |
| 20. SIGNATURE OF REGISTRAR <u>Albert E. Klotz</u>                                                                                                               |                               |                                                                                                                                                                    |
| FILE DATE <u>June 5, 1936</u>                                                                                                                                   |                               |                                                                                                                                                                    |
| MEDICAL CERTIFICATE OF DEATH                                                                                                                                    |                               |                                                                                                                                                                    |
| 21. DATE OF DEATH (month, day, and year) <u>June 4<sup>th</sup>, 1936</u>                                                                                       |                               |                                                                                                                                                                    |
| 22. I HEREBY CERTIFY, that I attended deceased from <u>February 25, 1936</u> , to <u>June 4, 1936</u> .                                                         |                               |                                                                                                                                                                    |
| I last saw <u>W</u> alive on <u>June 4, 1936</u> ; death is said to have occurred on the date stated above, at <u>11<sup>42</sup></u> m. Date of onset _____    |                               |                                                                                                                                                                    |
| The principal cause of death and related causes of importance were as follows:<br><u>Uremic Coma</u> <u>June 3, 1936</u>                                        |                               |                                                                                                                                                                    |
| Other contributory causes of importance:<br><u>Pyonephrosis</u> <u>February 25, 1936</u><br><u>Following nephritis 2nd stage last year</u>                      |                               |                                                                                                                                                                    |
| Name of operation <u>none</u> Date of _____                                                                                                                     |                               |                                                                                                                                                                    |
| What test confirmed diagnosis? <u>Urinalysis, nephros, autopsy</u> Was there an autopsy? <u>no</u>                                                              |                               |                                                                                                                                                                    |
| 23. If death was due to external causes (violence) fill in also the following:<br>Accident, suicide, or homicide? <u>no</u>                                     |                               |                                                                                                                                                                    |
| Date of injury _____ 19____                                                                                                                                     |                               |                                                                                                                                                                    |
| Where did injury occur? <u>no</u> (Specify city or town, county, and State)                                                                                     |                               |                                                                                                                                                                    |
| Specify whether injury occurred in industry, in home, or in public place. <u>no</u>                                                                             |                               |                                                                                                                                                                    |
| Manner of injury _____                                                                                                                                          |                               |                                                                                                                                                                    |
| Nature of injury _____                                                                                                                                          |                               |                                                                                                                                                                    |
| 24. Was disease or injury in any way related to occupation of deceased? <u>no</u>                                                                               |                               |                                                                                                                                                                    |
| If so, specify _____                                                                                                                                            |                               |                                                                                                                                                                    |
| (Signed) <u>Art Kidel + Bluffel</u> M. D.<br><u>Arthur Schaeffer</u>                                                                                            |                               |                                                                                                                                                                    |
| (Address) <u>Fredericksburg, Texas</u>                                                                                                                          |                               |                                                                                                                                                                    |

TX death record of sister Eleisa Weirich Boos (1896-1973) -  
<https://www.ancestry.com/discoveryui-content/view/82672237:2272>

## Services Today For Mrs. Kilbarn

FREDERICKSBURG (SC)  
— Mrs. Alfred Kilbarn, 76,  
died at 10:15 a.m. Monday at  
her home.

Services will be at 2 p.m. to-  
day in Beckmann Funeral  
Home with burial in City  
Cemetery.

She was born June 26, 1896  
in Gillespie County. She was  
married to Alfred Kilbarn  
Dec. 19, 1926 in Fredericks-  
burg. He died in 1959.

Survivors include two sis-  
ters, Mrs. Emil Ludwig of  
Johnson City and Mrs. Henry  
Borchers of Fredericksburg;  
two brothers, Alfred Weirich  
of San Antonio and Edwin  
Weirich of Fredericksburg.

Obituary of [sister Eleanora Weirich Kilbarn \(1896-1973\)](#) – “San Angelo (TX) Standard-  
Times” Wednesday 9 May 1973 p 2

STATE OF TEXAS 086-01-1 086-01 CERTIFICATE OF DEATH 400 30 52934

1. PLACE OF DEATH  
a. COUNTY Gillespie  
b. CITY OR TOWN (If outside city limits, give precinct no.) Fredericksburg  
c. LENGTH OF STAY 12 yrs.  
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 805 Poplar St.  
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
a. STATE Texas b. COUNTY Gillespie  
c. CITY OR TOWN (If outside city limits, give precinct no.) Fredericksburg  
d. STREET ADDRESS (If rural, give location) 805 Poplar St.  
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐ f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print) Eleanor  
a. First (a) First (b) Middle (c) Last  
b. COLOR OR RACE female white  
c. SEX female  
d. DATE OF DEATH 7 May 1973  
e. DATE OF BIRTH 26 June 1896  
f. AGE (In years, last birthday) 76  
g. UNDER 1 YEAR h. UNDER 24 HRS.  
i. MONTHS j. DAYS k. HOURS l. MINUTES  
m. BIRTH PLACE (State or foreign country) Gillespie Co. Texas  
n. CITIZEN OF WHAT COUNTRY? U S A  
o. MOTHER'S MAIDEN NAME Clara Schulze  
p. Mrs. Mathilda Borchers  
q. SOCIAL SECURITY NO. 467-10-8794  
r. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no  
s. (If yes, give war or dates of service)

4. IMMEDIATE CAUSE (a) CORONARY OCCLUSION (b) OTHER  
5. DUE TO (a) CORONARY OCCLUSION (b) OTHER  
6. BUREAU OF VITAL STATISTICS  
7. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

8. MEDICAL CERTIFICATION  
9. ACCIDENT SUICIDE HOMICIDE  
10. TIME OF INJURY Hour Month Day Year  
11. INJURY OCCURRED  
12. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)  
13. CITY, TOWN, OR LOCATION COUNTY STATE  
14. I hereby certify that I attended the deceased from March 7 1973 to May 7 1973 and last saw the deceased alive on May 7 1973 at 10:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.  
15. ADDRESS 258 E. Main, Fredericksburg, Tex.  
16. DATE SIGNED 6-1-73  
17. SIGNATURE  
18. BURIAL, CREMATION, REMOVAL (Specify) Burial  
19. DATE May 9, 1973  
20. NAME OF CEMETERY OR CREMATORY City Cemetery  
21. LOCATION (City, town, or county) Fredericksburg, Gillespie, Texas  
22. FUNERAL DIRECTOR'S SIGNATURE Beckmann F.H. Harry A. Hartmann  
23. REGISTRAR'S FILE NO. 106  
24. DATE REC'D BY LOCAL REGISTRAR JUL 19 1973  
25. REGISTRAR'S SIGNATURE Felix Schreyer, Co. Clerk

TX death record of Eleanor Weirich Kilbarn -

[https://www.ancestry.com/imageviewer/collections/2272/images/33154\\_b062894-01281?pld=1561528](https://www.ancestry.com/imageviewer/collections/2272/images/33154_b062894-01281?pld=1561528)



STATE OF TEXAS 115-01-21 015-01 CERTIFICATE OF DEATH 4124 32 STATE FILE NO. 53950

|                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                              |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Bexar</b>                                                                                                                                                                                                                                                                                                                                       |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Texas</b> b. COUNTY <b>Bexar</b>                                                                        |                                         |
| b. CITY OR TOWN (If outside city limits, give precinct no.)<br><b>San Antonio</b>                                                                                                                                                                                                                                                                                                 |                                  | c. CITY OR TOWN (If outside city limits, give precinct no.)<br><b>San Antonio</b>                                                                                                                            |                                         |
| d. NAME OF (If not in hospital, give street address)<br>HOSPITAL OR INSTITUTION <b>Southwest Texas Methodist Hosp.</b>                                                                                                                                                                                                                                                            |                                  | d. STREET ADDRESS (If rural, give location)<br><b>415 Palm Dr.</b>                                                                                                                                           |                                         |
| e. IS PLACE OF DEATH INSIDE CITY LIMITS?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                   |                                  | e. IS RESIDENCE INSIDE CITY LIMITS?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> f. IS RESIDENCE ON A FARM?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                         |
| 3. NAME OF DECEASED<br>(Type or print) (a) First <b>HULDA</b> (b) Middle <b>LINDIG</b> (c) Last <b>LINDIG</b>                                                                                                                                                                                                                                                                     |                                  | 4. DATE OF DEATH<br><b>August 12, 1970</b>                                                                                                                                                                   |                                         |
| 5. SEX<br><b>Female</b>                                                                                                                                                                                                                                                                                                                                                           | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                                                  | 8. DATE OF BIRTH<br><b>Feb. 2, 1899</b> |
| 9. AGE (In years last birthday)<br><b>71</b>                                                                                                                                                                                                                                                                                                                                      |                                  | 10. IF UNDER 1 YEAR IF UNDER 14 DAYS<br>Months Days Hours Minutes                                                                                                                                            |                                         |
| 10a. USUAL OCCUPATION (If deceased of work done during most of working life, even if retired)<br><b>Housewife</b>                                                                                                                                                                                                                                                                 |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>                                                                                                                                                             |                                         |
| 11. BIRTHPLACE (State or foreign country)<br><b>Texas</b>                                                                                                                                                                                                                                                                                                                         |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>                                                                                                                                                                   |                                         |
| 13. FATHER'S NAME<br><b>August Weirich</b>                                                                                                                                                                                                                                                                                                                                        |                                  | 14. MOTHER'S MAIDEN NAME<br><b>? Schulze</b>                                                                                                                                                                 |                                         |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br><b>no</b>                                                                                                                                                                                                                                                         |                                  | 16. SOCIAL SECURITY NO.<br><b>449-39-9896</b>                                                                                                                                                                |                                         |
| 17. INFORMANT<br><b>Mrs. Virginia D. Odom</b>                                                                                                                                                                                                                                                                                                                                     |                                  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br><b>Cardiac Arrest</b><br><b>2. A.S.C.V.D.</b>                                                                                    |                                         |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                 |                                  | 20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II from 18.)<br><b>Chronic Pyelonephritis / Cerebral atrophy</b>                                                                 |                                         |
| 21. TIME OF INJURY<br>Hour Month Day Year<br><b>8-11-70</b>                                                                                                                                                                                                                                                                                                                       |                                  | 22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)<br><b>San Antonio, Texas</b>                                                                                      |                                         |
| 23. INJURY OCCURRED<br>While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>                                                                                                                                                                                                                                                                          |                                  | 24. CITY, TOWN, OR LOCATION<br><b>San Antonio, Texas</b>                                                                                                                                                     |                                         |
| 25. I hereby certify that I attended the deceased from <b>11-25-1968</b> to <b>8-12-70</b> and last saw the deceased alive on <b>8-11-70</b> at <b>3:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.<br>25a. SIGNATURE <b>[Signature]</b> M.D. 25b. ADDRESS <b>929 Manor Dr. San Antonio, Tex.</b> 25c. DATE SIGNED <b>8/13/70</b> |                                  | 26. NAME OF CEMETERY OR CREMATORY<br><b>San Jose Burial Park</b>                                                                                                                                             |                                         |
| 27. LOCATION (City, town, or county) (State)<br><b>San Antonio Texas</b>                                                                                                                                                                                                                                                                                                          |                                  | 28. FUNERAL DIRECTOR'S SIGNATURE<br><b>Roy Akers Funeral Chapels by [Signature]</b>                                                                                                                          |                                         |
| 29. REGISTRAR'S FILE NO.<br><b>4022</b>                                                                                                                                                                                                                                                                                                                                           |                                  | 30. DATE REC'D BY LOCAL REGISTRAR<br><b>AUG 13 70</b>                                                                                                                                                        |                                         |

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS  
RECD AUG 25 1970  
BUREAU OF VITAL STATISTICS  
MEDICAL CERTIFICATION  
1803  
ings

TX death record of **sister Hulda Weirich Lindig (1899-1970)** –

[https://www.ancestry.com/imageviewer/collections/2272/images/33154\\_b062807-01348?pld=60741257](https://www.ancestry.com/imageviewer/collections/2272/images/33154_b062807-01348?pld=60741257)

**LINDIG**—Fred Lindig of San Antonio died there at 9 p. m. Thursday. He is survived by his parents, Mr. and Mrs. Christian Lindig of Albert; five brothers, Max, Emil and Everett Lindig of Hye, and Erwin and Albert Lindig of Albert; two sisters, Mrs. Ernest Reddick of San Antonio and Mrs. B. B. Bohls of Austin.

Obituary of Henry Frederick (Fred) Lindig, husband of sister Hulda Weirich Lindig (1899-1970), does not mention her – “Austin (TX) American-Statesman” Friday 30 Jul 1943 p 15

STATE OF TEXAS *08601-2 08600* CERTIFICATE OF DEATH *2084* STATE FILE NO **63997**

1. NAME OF DECEASED (Type or print) **Mathilde Borchers** 2. SEX **Female** 3. DATE OF BIRTH **August 9, 1952**

4. RACE **white** 5. WAS THE DECEASED OF SPANISH ORIGIN? **NO** 6. IF YES, SPECIFY MEXICAN, CUBAN, PORTUGUESE, ETC. 7. AGE (In years last birthday) **2/11/1901 81**

8. PLACE OF DEATH - COUNTY **Gillespie** 9. CITY OR TOWN (Indicate city, town, or place) **Fredericksburg** 10. NAME OF PLACE WHERE DECEASED (Hospital or institution) **Hill Country Memorial Hospital** 11. INSIDE CITY LIMITS? **yes**

12. MARRIED (Type or print) **Married** 13. BIRTHPLACE (State or foreign country) **Texas** 14. CITIZENSHIP (Type or print) **U. S. A.** 15. WAS DECEASED EVER IN U.S. ARMED FORCES? **NO** 16. DECEASED'S SERVICE (Type or print) **Henry Borchers**

17. SOCIAL SECURITY NO. **453-98-2308A** 18. USUAL OCCUPATION (Specify kind of work, home doing, most of working life even if retired) **Housewife** 19. MAIN KIND OF BUSINESS OR INDUSTRY **Home**

20. DECEASED'S STATE **Texas** 21. COUNTY **Gillespie** 22. CITY OR TOWN (Indicate city, town, or place) **Fredericksburg** 23. STREET ADDRESS (If rural, give location) **Rural - Kerr Route, Box 660**

24. DECEASED'S NAME **August Weirich** 25. MOTHER'S MAIDEN NAME **Clara Schulze**

26. IMMEDIATE CAUSE (Type or print) **Heart** 27. DUE TO OR AS A CONSEQUENCE OF **Heart** 28. DUE TO OR AS A CONSEQUENCE OF **Heart**

29. OTHER SIGNIFICANT CONDITIONS (Type or print) **Heart** 30. CONTRIBUTING TO DEATH BUT NOT LISTED TO CAUSE GIVEN IN PART 26 **Heart** 31. AUTOPSY? **No**

32. ACC. SUICIDE FROM UNREST OR PENDING INVEST (Specify) **NO** 33. DATE OF INJURY (Mo., Day, Yr.) **NO** 34. HOUR OF INJURY **NO** 35. DESCRIBE HOW INJURY OCCURRED **NO**

36. INJURY AT WORK (Specify yes or no) **NO** 37. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify)) **NO** 38. LOCATION (STREET OR R.F.D. NO.) **NO** 39. CITY OR TOWN **NO** 40. STATE **NO**

41. To the best of my knowledge, death occurred at the time, date, and place and (Signature of certifying physician) **J. Hardin Perry, M.D.** 42. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) **TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS**

43. DATE SIGNED (Mo., Day, Yr.) **8-14-82** 44. HOUR OF DEATH **2:50 A.M.** 45. PREVIOUSLY REGISTERED (Mo., Day, Year) **NO** 46. PREVIOUSLY REGISTERED (Mo., Day, Year) **NO**

47. NAME OF ATTENDING PHYSICIAN (Type or print) **J. Hardin Perry, M.D.** 48. NAME OF CEMETERY OR CREMATORY **Meusebach Creek Cemetery**

49. BURIAL CREMATION REMOVAL (Specify) **Burial** 50. DATE **August 10, 1982** 51. SIGNATURE OF FUNERAL DIRECTOR OR PERSON IN CHARGE **Beckmann Funeral Home**

52. LOCATION (City, town, or county) **Gillespie County, Texas** 53. SIGNATURE OF LOCAL REGISTRAR **Don Long, County Clerk**

54. REGISTRAR'S OFFICE NO. **103** 55. DATE REC'D BY LOCAL REGISTRAR **AUG 16 1982**

VS 112 REV 1-80

TX death record of **sister Mathilde Weirich Borchers (1901-1982)** -  
<https://www.ancestry.com/discoveryui-content/view/1002227:2272>

USE THIS FORM FOR CORRECTING A CERTIFICATE FILED AT THE TIME THE BIRTH OCCURRED. THIS FORM CANNOT BE USED FOR CORRECTING RECORDS FILED THROUGH THE PRIVATE CLERK.

1. PLACE OF BIRTH  
STATE OF TEXAS  
COUNTY OF Gillespie  
CITY OR PRECINCT NO. Fredricksburg  
2. FULL NAME OF CHILD Edwin Felix Weirich  
3. SEX Male  
4. TWIN, TRIPLE, OTHER None  
5. AGE AT BIRTH 46 YEARS  
6. LEGITIMATE yes  
7. DATE OF BIRTH Oct. 8, 1903  
8. FULL NAME OF FATHER August Weirich  
9. FULL NAME OF MOTHER Clara Schulze  
10. COLOR OF RACE White  
11. COLOR OF RACE AT BIRTH White  
12. BIRTHPLACE Gillespie Co. Texas  
13. BIRTHPLACE OF MOTHER Gillespie Co. Texas  
14. TRADE, PROFESSION OR INDUSTRY OF FATHER Farmer  
15. TRADE, PROFESSION OR INDUSTRY OF MOTHER Housewife  
16. NUMBER OF CHILDREN BORN TO THIS MOTHER 9  
17. SIGNATURE OF FATHER Max Weirich  
18. SIGNATURE OF MOTHER Fredricksburg  
19. MEDICAL ATTENDANT Max Weirich  
20. I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD Max Weirich AT 9 A. ON THE ABOVE DATE  
21. AND THE PROPHYLACTIC USED TO PREVENT OPHTHALMIA NEONATORUM WAS July 28, 1941  
22. FILE NUMBER July 28, 1941  
23. SIGNATURE OF LOCAL REGISTRAR Max Weirich  
24. POSTOFFICE ADDRESS Fredricksburg, Texas  
AFFIDAVIT  
STATE OF TEXAS  
COUNTY OF Gillespie  
Before me on this day appeared Max Weirich  
known to me to be the person whose name is signed to the above certificate, who on oath deposes and says that the facts stated in the foregoing certificate are true and correct to the best of his knowledge and belief, and that this certificate is filed for the purpose of correcting the original record of the birth of Edwin Felix Weirich  
(Name appearing on original certificate)  
Signature Max Weirich  
Sworn to and subscribed before me, this 28 day of July, 1941.  
Notary Public  
in and for Gillespie County, Texas.

TX birth record of brother Edwin Felix Weirich (1903-1985) -  
<https://www.ancestry.com/discoveryui-content/view/3310349:2275>



**REGISTRATION CARD—(Men born on or after February 17, 1897 and on or before December 31, 1921)**

|                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                                                                           |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------|
| <b>SERIAL NUMBER</b><br>T <b>380</b>                                                                                                                                                                                                                                                                         | <b>1. NAME (Print)</b><br><b>EDWIN FELIX WEIRICH</b><br>(First) (Middle) (Last)                        |                                                                                           | <b>ORDER NUMBER</b><br><b>10633</b> |
| <b>2. PLACE OF RESIDENCE (Print)</b><br><b>FREDERICKSBURG, GILLESPIE, TEXAS</b><br>(Number and street) (Town, township, village, or city) (County) (State)<br>[THE PLACE OF RESIDENCE GIVEN ON THE LINE ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL] |                                                                                                        |                                                                                           |                                     |
| <b>3. MAILING ADDRESS</b><br><b>SAME</b><br>[Mailing address if other than place indicated on line 2. If same insert word same]                                                                                                                                                                              |                                                                                                        |                                                                                           |                                     |
| <b>4. TELEPHONE</b><br><b>312</b><br>(Exchange) (Number)                                                                                                                                                                                                                                                     | <b>5. AGE IN YEARS</b><br><b>38</b><br><b>DATE OF BIRTH</b><br><b>OCT. 8 1903</b><br>(Mo.) (Day) (Yr.) | <b>6. PLACE OF BIRTH</b><br><b>GILLESPIE TEXAS</b><br>(Town or county) (State or country) |                                     |
| <b>7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS</b><br><b>AUGUST BORCHERS, FREDERICKSBURG, TEXAS</b>                                                                                                                                                                                      |                                                                                                        |                                                                                           |                                     |
| <b>8. EMPLOYER'S NAME AND ADDRESS</b><br><b>AIR CORPS U.S. ARMY, WASHINGTON, D.C.</b>                                                                                                                                                                                                                        |                                                                                                        |                                                                                           |                                     |
| <b>9. PLACE OF EMPLOYMENT OR BUSINESS</b><br><b>AIR CORPS SUB. DEPOT, LAKE CHARLES, CALCASIEU, LA.</b><br>(Number and street or R. F. D. number) (Town) (County) (State)                                                                                                                                     |                                                                                                        |                                                                                           |                                     |
| I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.                                                                                                                                                                                                                                          |                                                                                                        |                                                                                           |                                     |
| <b>D. S. S. Form 1</b><br>(Revised 1-1-42)                                                                                                                                                                                                                                                                   |                                                                                                        | ☆ GPO 16-21630-1<br><b>Edwin F. Weirich</b><br>(Registrant's signature)                   |                                     |

WWII draft registration of Edwin Felix Weirich – 15 Feb 1942 -  
[https://www.ancestry.com/imageviewer/collections/2238/images/44040\\_01\\_00124-00357?pld=19428335](https://www.ancestry.com/imageviewer/collections/2238/images/44040_01_00124-00357?pld=19428335)

**Abbreviations:**

b = born

d = died

F: = Find A Grave ([www.findagrave.org](http://www.findagrave.org))

NOK = next-of-kin

**Name: Hugo Weirich**

Name variations: Weinrich used by Steven Schwartz, Tuscania researcher from Renton WA

Military:

On Tuscania: Camp Travis Det. 2, Casuals - private

Serial number: 251,621

Entered service from: Fredericksburg, Gillespie TX

Sailed on "Tuscania" as: Hugo Weirich

Next-of-kin on "Tuscania": father August Weirich, Frederickburg (sic) TX

Returned from war on: "Melita" Jan 1919

Sailed on return ship as: Hugo Weirich

Next-of-kin on return ship & rank: mother Mrs. Clara Weirich, Fredericksburg TX (pvt, Co. L, 9th Inf)

World War I draft registration (1917): as Hugo Weirich - b. 29 Jun 1893 Fredericksburg TX; res: Fredericksburg, Gillespie TX. Single. Dependent father & mother. Farmer for father, Gillespie Co. TX. Medium height & build.

World War II draft registration (1942): as Hugo [none] Weirich - b. 29 Jun 1893 Fredericksburg TX; res: Route 2, Fredericksburg TX. NOK Mrs. Hugo Weirich, same address. Self-employed. Height: 5'10" – 142 lbs.

**Veterans Administration Military Index:**

Enlisted: 18 Sep 1917

Discharged: 7 Feb 1919

Address: Hye TX

Rank/unit: private, Casual Co. 50

**Birth & death:**

Born: 29 Jun 1893 Fredericksburg, Gillespie TX

Died: 7 May 1958 Fredericksburg, Gillespie TX (of a sudden heart attack at his home)

Find A Grave record: 53539756 – presence on Tuscania indicated in text

Burial location: Fredericksburg, Gillespie TX

Cemetery: City Cemetery

Tombstone: veteran tombstone: Texas Pvt 9 Infantry WWI PH [Purple Heart]

Father: August Weirich, 1 Jul 1857 Gillespie Co. TX – 24 Dec 1930 Fredericksburg, Gillespie TX. Son of Jacob Michael Weirich & Elizabeth Leonhard. Died of a brain tumor. Buried in City Cemetery, Fredericksburg, Gillespie TX.

Find A Grave: 143502431

Mother: Clara Schulze Weirich, 27 Feb 1865 Fredericksburg, Gillespie TX – 5 Sep 1945 Fredericksburg, Gillespie TX. Daughter of Ferdinand Friedrich Schulze & Christiane Eleonore Kossman. Buried in City Cemetery, Fredericksburg, Gillespie TX.

Find A Grave: 121386525

Parents' marriage: 10 Dec 1885 Gillespie Co. TX

Spouse: Lydia E. Klaerner Weirich, 12 Oct 1900 Gillespie Co. TX – 6 Jul 1971 Kerrville, Kerr TX. Daughter of Alfred Klaerner & Emma McDougall. Buried in City Cemetery, Fredericksburg, Gillespie TX.

Spouse Find A Grave: 121391718

Marriage: 17 Feb 1921 in Gillespie Co. TX

Children: Hugo was the 4<sup>th</sup> of 9 children.

- Irene Clara Weirich Knoll, 22 Aug 1923 Johnson City, Blanco TX – 20 Sep 1986 Bexar Co. TX. Wife of Victor Hugo Knoll. 1922-1986, F: 104364779, whom she married 28 Nov 1940 in

Gillespie Co. TX. Resident of Boerne TX when her mother died in Jul 1971. Buried in Boerne Cemetery, Boerne, Kendall TX. F: 104364734

- Melrose Weirich Sultemier, 28 Feb 1924 Johnson City, Blanco TX – 11 Jul 2017  
Fredericksburg, Gillespie TX. Wife of Ira Lee Hilmar Sultemier (1922-1981, F: 27246263). Resident of Johnson City TX when her mother died in Jul 1971. Buried in Rocky Creek Cemetery, Johnson City, Blanco TX. F: 54054988
- Louise Eugenia Weirich Foerster Danz, 8 Dec 1929 Johnson City, Blanco TX – 23 Jul 2006  
San Antonio, Bexar TX. – Was Mrs. Foerster in 1958. - Wife of Jasper Danz in Jul 1971 when her mother died. She married Jasper Felix (“Buddy”) Danz (1926-2004, F: 85102308) in Fredericksburg, Gillespie TX on 14 Jun 1960. Buried in Garden of Memories Cemetery, Kerrville, Kerr TX. F: 85103385
- Hugo Frederick Weirich, Jr. 30 Jan 1932 Blanco Co. TX – 2 Oct 1978 Fredericksburg, Gillespie TX. Resident of Fredericksburg TX in Jul 1971 when his mother died. Married 15 Apr 1961 to Dora Lee Crenwelge (b. 15 Apr 1936), the daughter of Eugene & Ida Rose Crenwegle. On 18 Jul 1998, Dora Weirich married Leon Truman (“Rip”) Sewell (1927-2015, F: 148896536) who is buried in Cedar Hill Cemetery, Ozona, Crockett TX. Rip’s 1<sup>st</sup> wife Ellen Rae Brton had died Dec 1995. As of Jun 2023, Dora Sewell is living in Fredericksburg, Gillespie TX. - Buried in Saint Mary Cemetery, Fredericksburg, Gillespie TX. F: 148741985

#### Siblings:

- Otto Emil Weirich, 4 May 1887 Gillespie Co. TX – 26 Aug 1959 Fredericksburg, Gillespie TX. Resident of Fredericksburg TX in May 1958 when Hugo died. Husband of Werra Selma (“Vera”) Arit (1889-1965, F: 60829667), whom he married 27 Mar 1912 (obituary) – or 1913 (records) - in Fredericksburg, Gillespie TX. Buried in City Cemetery, Fredericksburg, Gillespie TX. F: 60829520
- Erna Weirich Ludwig, 7 Sep 1888 TX – 24 Nov 1982 Johnson City, Blanco TX (in the LBJ Nursing Home). SSN 451-60-3335. Wife of Emil Daniel Ludwig (1890-1962, F: 53960327), whom she married in 1911 in Gillespie Co. TX. Buried in City Cemetery, Fredericksburg, Gillespie TX. F: 53960329
- Alfred August Weirich, 13 Feb 1890 Gillespie Co. TX – 24 Mar 1975 San Antonio, Bexar TX. Resident of Johnson City TX in May 1958 when Hugo died. Married in Johnson City TX on 19 Dec 1915 to Margarete Gretchen Klappenbach (1888-1943, F: 65837898). – Following her death, Alfred married Emma H. Poehnert Kohler (1895-1973, F: 101618849) on 26 Sep 1948 in TX; they divorced 12 Jul 1971 in Gillespie Co. TX. Emma is buried with the surname Weirich. Alfred is buried in Trinity Lutheran Church Cemetery, Stonewall, Gillespie TX. F: 65837812
- Eleisa (“Elise”) Weirich Boos, 13 Sep 1894 Fredericksburg, Gillespie TX – 4 Jun 1936 Fredericksburg, Gillespie TX. Wife of Harry Henry Boos (1893-1960, F: 53959784). Buried in City Cemetery, Fredericksburg, Gillespie TX. F: 53959780
- Eleonora (Nora) Weirich Kilbarn, 26 Jun 1896 Gillespie Co. TX – 7 May 1973 Fredericksburg, Gillespie TX. Married surname also found spelled Kilburn/Kilborn. Wife of John Alfred (known as Alfred) Kilbarn (1893-1959, F: 53961863), the son of John Kilbarn & Emilie Leonhardt, whom she married 19 Dec 1926 in Fredericksburg, Gillespie TX. Resident of Fredericksburg, Gillespie TX in Aug 1959 when her brother Otto died. She is buried in City Cemetery, Fredericksburg, Gillespie TX. F: 53961862
- Hulda Weirich Lindig, 2 Feb 1899 Gillespie Co. TX – 12 Aug 1970 San Antonio, Bexar TX. Wife of Henry Frederick (“Fred”) Lindig (1895-1943, F: 86166344), the son of Christian Lindig &

Augusta Sauer, whom she married 16 Feb 1921 in Gillespie Co. TX. Resident of San Antonio, Bexar TX in Aug 1959 when her brother Otto died. Buried in San Jose Burial Park, San Antonio, Bexar TX. F: 86166292

- Mathilde Weirich Borchers, 11 Feb 1901 TX – 12 Aug 1982 Fredericksburg, Gillespie TX. Wife of Henry Frederick Borchers (1898-1989, F: 33982117), the son of August John Borchers & Adelina Kirchhoff, whom she married 28 Dec 1922 in Fredericksburg, Gillespie TX. Mathilde's brother Edwin Weirich married Henry's sister Ella Borchers. Listed as surviving sister Mrs. Henry Borchers in her brother Hugo's May 1958 obituary. Buried in Meusebach Cemetery, Gillespie Co. TX. F: 33982133
- Edwin Felix Weirich, 8 Oct 1903 Fredericksburg, Gillespie TX – 21 Apr 1985 Gillespie Co. TX. Resident of Fredericksburg TX in May 1958 when Hugo died. Husband of Ella Augusta Borchers (1908-2004, F: 33975462), the daughter of August John Borchers & Adelina Kirchhoff, whom he married 17 Jun 1931 in Fredericksburg, Gillespie TX. Edwin's sister Mathilde Weirich married Ella's brother, Henry Borchers. Buried in Meusebach Cemetery, Gillespie Co. TX. F: 33975435

#### Notes:

Family tree of father at: <https://www.ancestry.com/family-tree/person/tree/107708521/person/332158878476/facts>

None of Hugo's records show a middle name. The middle name of "Frederick" has been added to this Find A Grave record. His son uses Hugo F. Weirich & is found as Hugo Frederick Weirich Jr. and Hugo Weirich Jr.

It is not definitive that Hugo Weirich is actually a "Sr."

#### Pre-war:

Hugo was baptized 15 Oct 1893 in Holy Ghost Evangelical Lutheran Church, Fredericksburg, Gillespie Co. TX.

#### Wartime:

Slightly wounded 11 Jul 1918 - 0% disabled – earned the Purple Heart

#### Post-war:

#### Obituary:

Social Security number: 467-16-1753

#### Censuses:

1900 Justice Precinct 1, Gillespie Co. TX



August MIRICK [indexed with that version, but can be read as Weirich], 42 TX, Jul 1857,  
parents b. Germany, married 14 years, farmer

Clara, 35 TX, Feb 1865, parents b. Germany, gave birth to 7 children, 7 are living

Otto E., 13 TX, May 1887, at school

Erna, 11 TX, Sep 1888, at school

Alfred A., 10 TX, Feb 1890, at school

Hugo, 6 TX, Jul 1893

Elise, 5 TX, Sep 1894

Eleanore, 3 TX, Jun 1896

Hilda, 1 TX, Feb 1899

Eleanora Schulze, 73 Germany, Jun 1826, parents b. Germany, widow, gave birth to 9  
children, 5 are living, emigrated 1846, in US for 54 years [mother – actually Clara's mother  
& August's mother-in-law]

1910 Fredericksburg, Gillespie TX – Live Oak Rd.

August Weirich, 52 TX, parents b. Germany, in 1<sup>st</sup> marriage, married 24 years, farmer, own  
farm

Clara, 45 TX, parents b. Germany, in 1<sup>st</sup> marriage, gave birth to 9 children, 9 are living, farm  
laborer, home farm

Erna, 21 TX

Hugo, 16 TX, farm laborer, home farm

Elise, 15 TX

Elenora, 13 TX

Hulda, 11 TX

Mathilde, 9 TX

Edwin, 6 TX

& mother-in-law Elenora Schultze, 83 Germany, parents b. Germany, widow, gave birth to 9  
children, 4 are living

1920 Justice Precinct 1, Gillespie Co. TX

August WUIRICH, 62 TX, parents b. Germany, farmer, general farm

Clara, 54 TX, parents b. Germany

Hugo, 26 TX, single, farmer, general farm

Eleanora, 23 TX, single

Hulda, 20 TX, single

1930 Precinct 1, Blanco Co. TX – conducted 9 Apr 1930

Hugo Weirich, 36 TX, age 27 at 1<sup>st</sup> marriage, farmer, general farm, WWI veteran

Lydia, 29 TX, age 20 at 1<sup>st</sup> marriage

Irene, 7 TX

Melrose, 6 TX

Louise V., 3 months TX

[on the same census page are Hugo's brothers & their families: Otto & Werra Weirich and  
Alfred & Marguerite Weirich]

1940 Blanco Co. TX – same house in 1935

Hugo WURICK, 45 TX, rancher, farm ranch

Ledia, 39 TX, house wife

Irene, 17 TX

Melrose, 16 TX

Louise, 10 TX

Hugo Jr., 8 TX

1950 Gillespie Co. TX – Old Harper Rd.

Hugo Weirich Sr., 56 TX, star route, mail carrier, United States Post Office Department

Lydia E., 49 TX

Hugo F. Jr., 18 TX