S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33786

FILED OCT 21 1944

Registration District No. _____ Primary Registration District No. 1600 Registrar's No. 1023

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1023 Edmond St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) In this community: 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 1023 Edmond St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: August Wrehe
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Julia Wrehe
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: April (Month) 1 (Day) 1868 (Year)

8. AGE: Years 76 Months 6 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace: Cuxhaven (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Retired Farmer (16 yrs)
11. Industry or business _____
MOTHER FATHER
12. Name: Unknown
13. Birthplace: _____ (City, town, or county) Germany (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: _____ (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Robert Wrehe
(b) Address: St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Fleeman & Son Inc
(b) Address: St Joseph, Mo.
19. (a) 10-14-44 (Date received local registrar) (b) Helen I. Riddle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1944 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct. 11, 1944 to Oct. 11, 1944 that I last saw him alive on October, 11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis (Unknown) — Duration
Due to _____
Due to _____ 94a
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature: J. R. Elliott (M. D. or other) M. D.
Address: 801 Francis, St. Joseph Date signed: 10-12-44

1377 (Licensed Embalmer's Statement on Reverse Side)

NOV 16 1944

DEC 6 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

....., ~~Registered Apprentice No.~~ .....,

working under my personal supervision.

Signed Robert L. Apple

Licensed Embalmer No. 3308

P. O. Address St Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.