

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER
406885

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1389

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Bellis Nursing Home 1801 Savannah Ave.			Length of stay in 1b 21 yrs.		d. STREET ADDRESS 702 So. 16th St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Hans Wein				4. DATE OF DEATH Month Day Year Dec. 26, 1956						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 18, 1866		9. AGE (In years last birthday) 90		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious Minister		10b. KIND OF BUSINESS OR INDUSTRY Lutheran Church		11. BIRTHPLACE (City and state or country) Nuernberg, Germany		12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Hohan Wein				14. MOTHER'S MAIDEN NAME Fredreka Eder						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Anna L. Wein (wife) St. Joseph, Mo.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Pyelonephritis								INTERVAL BETWEEN ONSET AND DEATH 2 months		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Hypostatic Pneumonia								19. WAS AUTOPSY PERFORMED? 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 Hour Month, Day, Year a. m. p. m.										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from Dec. 24, 1956, Dec. 26, 1956 and last saw her ^{with} alive on Dec. 24, 1956 Death occurred at 2:10 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <i>H. C. Senne md</i> (Degree or title)				22b. ADDRESS 207 Phy. and Surg. Bldg. St. Joseph, Missouri				22c. DATE SIGNED 12-28-56		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 29, 1956		23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		23d. LOCATION (City, town, or county) (State) Herkimer, Kansas				
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc. St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. Jan 3, 1957		26. REGISTRAR'S SIGNATURE <i>Cathleen M. Allison</i>				

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
L. J. Chaney

Licensed Embalmer No. 46

P. O. Address.....
L. J. Chaney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.