MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
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JUL 25 1930

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PLACE OF DEATH
County St. Charles — Registration District No. 757 — File No.
Township St. Charles — Primary Registration District No. 3036 — Registered No. 103
City St. Charles (No. St. Joseph Hospital. St. Ward)

2. FULL NAME Oliff Edwin Wren,
(a) Residence. No. Augusta, Mo. St., Ward.
(Usual place of abode) (at Hospital) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Wren

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 6, 1872.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
57	9	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ---
(STATE OR COUNTRY) Illinois.

PARENTS
10. NAME OF FATHER Asa Wren.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Not known.
12. MAIDEN NAME OF MOTHER Mrs. Van Winkel.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known.
(STATE OR COUNTRY)

14. INFORMANT Forest Wren.
(Address) 7049 Penrod St., St. Louis, Mo.

15. FILED 6/17, 1930 Hy. G. Bloebaum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15, 1930

17. I HEREBY CERTIFY, That I attended deceased from 6/15, 1930, to 6/15, 1930 that I last saw him alive on 6/15, 1930, and that death occurred, on the date stated above, at 2 P. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal obstruction
122A
122B
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Strangulated rt inguinal hernia (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Augusta, Mo.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 6/15/30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) Ben L. Kubeisen M.D.
6/17, 1930 (Address) St. Charles, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Oak Grove Cem.	6/17/30

20. UNDERTAKER	ADDRESS
Steinbrinker Furn. Co.	St. Charles Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.