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.

JAN 15 1936

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

Do not use this space.

38714

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 1387

City: St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME: John P. Remelius

(a) Residence, No. 6009 Pryor Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eleanor Remelius

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May, 11, 1864

7. AGE: YEARS 71 — MONTHS 7 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Inspector for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Board of Health.

10. Date deceased last worked at this occupation (month and year): Dec, 31, 1935

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lexington, Mo.

FATHER

13. NAME: Frank J. C. Remelius

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frankenthan, Ger.

MOTHER

15. MAIDEN NAME: Auguata Bube

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Steinbach, Ger.

17. INFORMANT (ADDRESS): Ernest W. Remelius, 6009 Pryor Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Mt. Auburn Cemetery DATE: Jan, 2, 1936, 19

19. UNDERTAKER (ADDRESS): Walter Meinhoffer, 1302 Faraon St., St. Joseph, Mo.

20. FILED: 1-2, 1935 John R Binder, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec, 31, 1935, 19

22. I HEREBY CERTIFY, That I ~~attended~~ never deceased ~~from~~ on Dec 31, 1935, to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.00 A.M.

The principal cause of death and related causes of importance were as follows:

Fractured Skull & fractured right wrist (Accident)

Date of onset: 206

Other contributory causes of importance: Struck by auto truck

Name of operation: none — Date of .....

What test confirmed diagnosis? Phy Ex — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident — Date of injury 12/31, 1935

Where did injury occur? St. Joseph Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury: Struck by auto truck

Nature of injury: Fractured Skull & right wrist

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Forrest Thomas Coroner, M. D.

(Address) 731 Faraon