

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.

MAR. 16 1936

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

Do not use this space.

4593

1. PLACE OF DEATH  
County Buchanan, Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph, (No. 1417 Sacramento) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Registered No. 136

2. FULL NAME Jacob Reuben Mehrwein,  
(a) Residence, No. 1417 Sacramento St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie S. Mehrwein  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16th, 1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 1 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer,  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Grocery,  
10. Date deceased last worked at this occupation (month and year) January 1928  
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

13. NAME Henry Mehrwein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

15. MAIDEN NAME Katherine Yost,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

17. INFORMANT Mrs. Jacob R. Mehrwein  
(ADDRESS) 1417 Sacramento Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cem. DATE Feb. 4th, 1936

19. UNDERTAKER Heaton-Bibb & Bowman  
(ADDRESS) 319 So. 10th St. Funeral Home

20. FILED 2-4- 1936 John R. Bunker  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 14, 1936  
22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1935 to Feb. 1, 1936  
I last saw him alive on Jan 31, 1936 Death is said to have occurred on the date stated above, at 5:25 a.m.  
The principal cause of death and related causes of importance were as follows:

St. Hemiplegia Date of onset 11/15/36  
arterio sclerosis 1932  
Hyper tension 1934  
Other contributory causes of importance:  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis Biopsy Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) H. Thompson M. D.  
(Address) 805 Charles St. Joseph, Mo.

OFFICE OF THE DIRECTOR

COMMUNICATIONS SECTION

TELETYPE UNIT

COMMUNICATIONS

FOR OPERATING ROOMS

TELETYPE UNIT

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan  
Township St Joseph  
City St Joseph (No. ....)

Registration District No. 85  
Primary Registration District No. 1001

File No. ....  
Registered No. 136  
St. .... Ward)

**2. FULL NAME**

Jacob Reuben Mehlwein

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS 68 MONTHS 1 DAYS 15 If LESS than 1 day, hrs. min.

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

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 TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 4-1- 19 26 John R. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
I last saw him ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

R Hemiplegia  
Central Hemorrhage  
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify J E Thompson M. D.  
(Signed) 825 Charles St St Joseph  
(Address) Mo

SUPPLEMENTAL

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.

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