

MAY 31 1937

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

Do not use this space.

17422

1. PLACE OF DEATH

 County ST. CHARLES.
 Township CUIVRE
 City near WENTZVILLE. (No. St. Ward)

 Registration District No. 760A
 Primary Registration District No. 5299

 File No.
 Registered No.
2. FULL NAME ELMER TWIEHAUS.
 (a) Residence, No. WRIGHT CITY, MO. St. Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-18-1913
 7. AGE YEARS 23 MONTHS 4 DAYS 2 IF LESS than 1 day, hrs. or min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer labor
 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) Wright City, Mo. Mo.13. NAME Herman Twiehaus.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Femme Osage Mo.15. MAIDEN NAME Rebecca Painter.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tuque, Mo.17. INFORMANT Clarence Twiehaus. (ADDRESS) Wright City, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Wright City Cem DATE 4-22-193719. UNDERTAKER Nieburg and Co. (ADDRESS) Wright City, Mo.

20. FILED 19

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20-37 19

22. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw h. alive on 19

Death is said to have occurred on the date stated above, at 1.30 A

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

 Skull Fracture, as result of
 Automobile collision.

Other contributory causes of importance:

 Note. Deceased was a passenger
 in automobile.

 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? NO

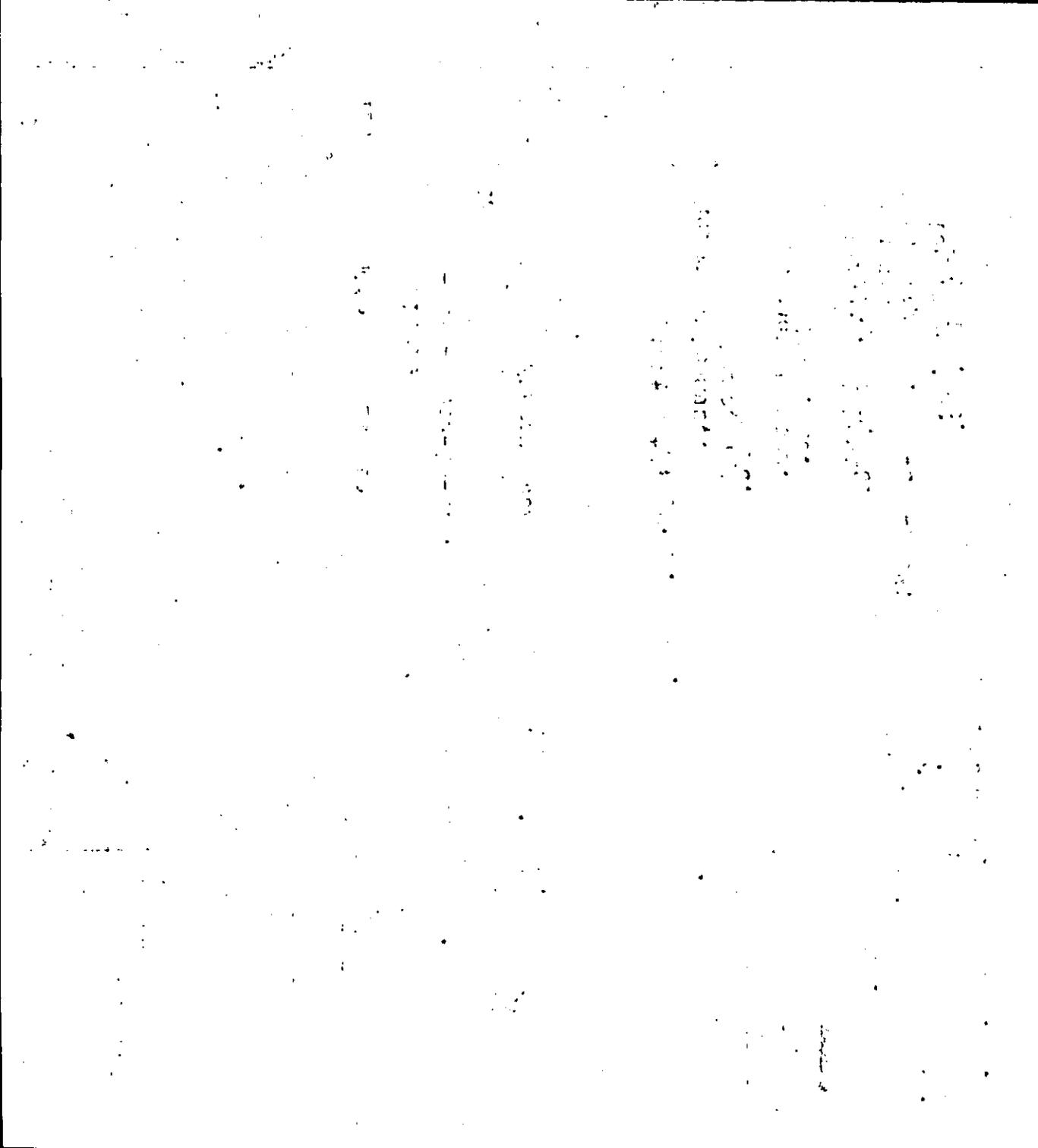
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 4-20, 1937
 Where did injury occur? Highway 40 near Wentzville Mo
 (Specify city or town, county, and State)

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

Public HighwayManner of injury. Automobile collision.Nature of injury. Crushed skull.24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

 (Address) John R. Ruse #116
Coroner St. Charles. Co. Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St Charles
Township Creve
City (No. _____) _____

Registration District No. 760A
Primary Registration District No. 3999

File No. 17422
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Elmer Trichans
(a) Residence, No. Wright City 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 18 - 1913</u>		
7. AGE YEARS <u>23</u>	MONTHS <u>8</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Labor</u>		
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) <u>Wright City, Mo</u>		
13. NAME <u>Herman Trichans</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ferris, Mo</u>		
15. MAIDEN NAME <u>Rebecca Quinter</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Issaquah, Mo</u>		
17. INFORMANT (ADDRESS) <u>Clarence Trichans, Wright City, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wright City Cem 4-29</u> DATE _____ 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Reburg Wood Co, Wright City, Mo</u>		
20. FILED <u>6/29, 1937</u> <u>Hertford S. Forister</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20, 1937

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 1:30 A m. The principal cause of death and related causes of importance were as follows:
Skull fracture, as result of automobile collision Date of onset _____

Other contributory causes of importance:
Note - Deceased was a passenger in automobile

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? Accident Date of injury 4-20, 1937
Where did injury occur? N Highway 40 near west side of (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
public highway
Manner of injury Automobile Collision
Nature of injury crushed skull

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) John H. Bueae M.D.
(Address) Farmer St Charles Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

TEMPORARILY SUPPLEMENTARY

S-17422