

JUN 1 1940

85

Primary Registration District No. 5127

Registrar's No. 557

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural-Route #1, St. Joseph, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 39 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Washington Township, Route #1
(If rural, give location)
(e) If foreign born, how long in U. S. A? 60 years.

8. (a) PRINT FULL NAME Charles Gotlib Wuest 730

8. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Susan 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased December 15 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 0 If less than one day
hr. _____ min.

9. Birthplace Burgstall Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Truck Gardner

MOTHER FATHER { 12. Name Christian Gotlib Wuest

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Wuest

(b) Address St. Joseph, Missouri, Route #1

17. (a) burial (b) Date thereof May 17, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Memorial Park Cemetery
St. Joseph, Missouri

18. (a) Signature of funeral director Walter Wuesthoff

(b) Address 1302 Faraon, St. Joseph

19. (a) 5/17/40 (b) W. Wuesthoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1940 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from March 13
1940, to May 6, 1940
that I last saw him alive on May 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocardial insufficiency unknown

Due to Arteriosclerosis General unknown

Due to _____

Other conditions 93A
(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature Walter Wuesthoff (M. D. or other) 1

Address Kirkpatrick Bldg. Date signed 5/15/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *H. H. Kelly*.....

Licensed Embalmer No. Mo. 3946.....

P. O. Address St. Joseph, Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.