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DOM-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24457  
State File No. 24457  
Registrar's No. 784

FILED AUG 1943

Registration Dist. No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1522 Sacramento  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community life \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
year/months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 1522 Sacramento  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALBERT EARNEST VEREGGE

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1943 hour 2 minute 45A M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sadie Veregge

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Sept 25 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 3 1943 to July 10 1943  
that I last saw him alive on July 9 1943  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>9</u>	<u>15</u>	_____ hr. _____ min.

Immediate cause of death Coronary occlusion *myocardial death*

Due to Myocardial infarction Myocardial infarction

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation Proprietor

Other conditions myocardial infarction  
(Include pregnancy within 3 months of death)

11. Industry or business Verregge Garage

PHYSICIAN

12. Name Ernest Albert Veregge

Major findings: Of operations \_\_\_\_\_

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

Of autopsy 6/1

14. Maiden name Elizabeth Kendall

Underline the cause to which death should be charged statistically.

15. Birthplace unknown Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sadie Veregge

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

(b) Address St. Joseph, Mo.

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

17. (a) burial (b) Date thereof 7/12/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation Ashland Cemetery

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

18. (a) Signature of funeral director Walter Berlek & Bowman

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

(b) Address St. Joseph, Mo.

23. Signature L. H. Tison (M. D. or other) MD

19. (a) 7/12/43 (b) W. H. Tison  
(Date received local registrar) (Registrar's signature)

Address St. Joseph, Mo. Date signed 7-11-43

APR 26 1944

MAY 2 1944

NOV 27 1948

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.....

*Joe B. Yoder*

Licensed Embalmer No. 4173

P. O. Address 319 S. 10<sup>th</sup>

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, fact should be so stated above.