

1787

S. No. 2
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7-5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 1-100

Registrar's No. 3

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:
611 North 11th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not
(Specify whether years, months or days) 89 years /

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. 611 North 11th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Louis Wiehl

3. (b) If veteran, name war No

3. (c) Social Security No. 488-14-9930

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 1st year 1945 hour 3 minute 00 A. M.

4. Sex Male () 5. Color or race White

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

6. (b) Name of husband or wife Cora V. Wiehl

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased April 17 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-3-42 1942 to 12-31-44 1944

that I last saw him alive on 12-30-44 1944 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>8</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death General Atherosclerosis

Due to Senility

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

10. Usual occupation Banker

Due to _____

Other conditions None of _____

Major findings: None

Of operations _____

Of autopsy None

11. Industry or business _____

12. Name Joseph Wiehl

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

14. Maiden name Caroline Glade

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Cora V. Wiehl

(b) Address 611 No. 11th St. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 1/3/1945
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mora Cemetery

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? _____

18. (a) Signature of funeral director Halter Michaloff

(b) Address 1302 Farnon St. Joseph, Missouri

19. (a) 1-3-45 (Date received local registrar)

(b) Heleen J. Puckle (Registrar's signature)

While at work (Specify type of place) _____ Means of injury Q

23. Signature Halter Michaloff (M. D. or other) Jan

Address 2802 Julia Date signed 1/2/45

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

MOTHER FATHER

1077

(Licensed Embalmer's Statement on Reverse Side)

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.....

Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

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, fact should be so stated above.