S. No. 2
M—2-43
. 5-17-39
P I X35697

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

3610

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4587

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 46

1. PLACE OF DEATH:

(a) County Boone Co

(b) City or town Columbia Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wilhite Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 wks (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Boone~~ Cole 26

(c) City or town Jefferson City Mo 5
(If outside city or town limits, write "RURAL")

(d) Street No. 611 E High St 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Augusta Withaup

3. (b) If veteran, name war — 3. (c) Social Security No. —

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

6. (b) Name of husband or wife Walter Sr. 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July 9 1863 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	7	12	..... hr. ..... min.

9. Birthplace St Charles Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Frederick Schaberg
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Welgrey
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Walter Withaup
(b) Address Jefferson City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/46 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cem

18. (a) Signature of funeral director Victor Buescher
(b) Address Jefferson City Mo

19. (a) 2-22 46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Feb. 20 — 1946, to — 19..., that I last saw him alive on Feb. 20 — 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration few days

Due to Arteriosclerosis

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations — 30

Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) No

(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? ..... (Specify type of place)

While at work? No (e) Means of injury 0

23. Signature W P Dyant (M. D. or other) M D

Address Columbia Date signed 2-22-46

31

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 3-11-46

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 Victor Bieschke

Licensed Embalmer No. 3701

P. O. Address Jefferson City Mo

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.