No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9658

FILED APR 12 1948

Registration District No. 273

Primary Registration District No. 5914

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County: County of Perry

(b) City or town: Rural, Brazeau Tp.
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: of Perry 79

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME: Claus F. Wichern

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Wife Sarah Seibel

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: July (Month) 29- (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	8	2	6 hr. P.M. min.

9. Birthplace: Perry County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farming

11. Industry or business .....

FATHER
12. Name: Daniel Wichern
13. Birthplace: Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name: Mary Leimbach
15. Birthplace: Perry County, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant: Sarah Wichern
(b) Address: Wittenbery, Mo. R.1

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof: 4-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Altenburg, Mo.

18. (a) Signature of funeral director: Young & Sons
(b) Address: Perryville, Mo.

19. (a) 4-3-48 (Date received local registrar) (b) Jos J Zoller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st.
year 1948 hour 6 minute P.M. M.

21. I hereby certify that I attended the deceased from May 27, 1942 to April 1, 1948
that I last saw him alive on March 31, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Embolism	Sudden
Due to: Chronic Myocarditis	5 years
Due to: Arteriosclerosis	5 years
Other conditions (Include pregnancy within 3 months of death): Chronic Nephritis	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN

Underline the cause of which death should be charged statistically.

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

While at work? ..... (e) Means of injury .....

23. Signature: Theodore Fischer (M. D. or other) M. D.

Address: Altenburg Date signed: 4/3/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Dist Health Officer No. 4

Number 448-466

Date 4-10-48

APR 20 1948

AUG 26 1949

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 Edward C. Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.