

FILED SEP 24 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29143

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 571
(b) Township Walsh Primary Registration District No. 5769
(c) City _____ (d) Street No. _____Registered No. 48(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. McBride St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Wieneke6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20-18587. AGE YEARS 82 MONTHS 3 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co MoFATHER 13. NAME Henry Wieneke14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyMOTHER 15. MAIDEN NAME May Breesmeyer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Mr. Emil Wieneke
California, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Evangelical 8/27 194019. FUNERAL DIRECTOR (ADDRESS) W. Williams & Sons
California, Mo.20. FILED 8-28-1940 H. P. Poppey
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 19 4022. I HEREBY CERTIFY, That I attended deceased from Aug 23 19 40 to Aug 25 19 40I last saw him alive on Aug 24 19 40 Death is said to have occurred on the date stated above, at 3:15 a.m.
The principal cause of death and related causes of importance were as follows:Accident, Fracture Bone of Spine, 1. Highways
Accident.

Date of onset

Other contributory causes of importance: 7/10/40

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8/23 19 40Where did injury occur? W.C. Davis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Highways, E. 40.
Manner of injury Driver from car - left side
Nature of injury Driver from car - left side24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____(Signed) G. P. Burke, Jr. M. D.
Address California, Mo.

(Licensee Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 HE Friedmayer
Licensed Embalmer No. 2854
P. O. Address California M

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.