

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

Do not use this space.

16219

1. PLACE OF DEATH

County Buchanan

Township St. Joseph

City St. Joseph

Registration District No. 85

Primary Registration District No. 1001

State Hospital No. 2

File No. 609

Registered No. 609

St. Ward

2. FULL NAME

(a) Residence. No. 1709 Colhoun Street St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 9 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug. 4, 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

44

9

6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Joseph, Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Jacob August

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Daisy Koiser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Missouri

PARENTS

14.

INFORMANT (Address)

Mrs. Daisy Koiser (mother)
St. Joseph, Mo.

15.

FILED

MAY 1, 1928

John G. Galt

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

May 10, 1928

17.

I HEREBY CERTIFY That I attended deceased from April 24th, 1928, to May 10th, 1928, (If nonresident give city or town and State)
that I last saw her alive on May 10th, 1928, and that death occurred, on the date stated above, at 7:05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright's Disease Chr.

CONTRIBUTORY (SECONDARY)

Susanity

18. WHEN WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

No

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Chas. J. Sawyer, M. D.

May 10, 1928 (Address)

State Hosp #2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mount Mora Cemetery

May 12, 1928

20. UNDERTAKER

ADDRESS

H. D. Schindler

1862 Union Str

