

APR 2 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township Washington Primary Registration District No. 1001  
City St. Joseph, Mo. (No. 1212 Sylvania St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 8199  
Registered No. 373

2. FULL NAME Caroline Elizabeth Ernst

(a) Residence, No. 1212 Sylvania St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frederick Ernst</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30, 1848</u>		
7. AGE	YEARS	MONTHS
	<u>86</u>	<u>10</u>
		<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>March 1935</u>		11. Total time (years) spent in this occupation <u>50 yrs</u>

12. BIRTHPLACE (CITY OR TOWN) Cincinnati  
(STATE OR COUNTRY) Ohio

13. NAME Franz Antone

14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Germany

15. MAIDEN NAME Rosalie Bohnert

16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Germany

17. INFORMANT Mr. J. L. Brown  
(ADDRESS) 1212 Sylvania - St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Mora Cemetery DATE April 1 1935

19. UNDERTAKER Heaton Be Gale + Bowman  
(ADDRESS) St Joseph Mo

20. FILED 4-7-35 John R. Bender  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1935 to March 29 1935

I last saw her alive on 3-27 1935. Death is said

to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis  
Coronary artery disease  
Date of onset

Other contributory causes of importance:

Atherosclerosis

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
None

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) James T. Donoghue, M. D.  
(Address) St Joseph Mo

WRITE PRINTED, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

2  
16  
6

