

JAN 15 1938

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

44811
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001
 (c) City St. Joseph, (d) Street No. 1311, Boyd St. St. _____
 (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 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Anna Sarah Seifert
 (a) Residence, No. 1311, Boyd St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry F. Seifert
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7, 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 9 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
 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 25

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1937, 19
 22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1937, to Dec 24, 1937
 I last saw h. or alive on Dec 24, 1937. Death is said to have occurred on the date stated above, at 5.30 m. P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage old 21/1
95

Date of onset

Other contributory causes of importance:
arteriosclerotic
hypertension
atherosclerosis

?
?
?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville, Mo.

FATHER 13. NAME John H. Knoth

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

MOTHER 15. MAIDEN NAME Louise Huber

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

17. INFORMANT (ADDRESS) Henry F. Seifert
1311 Boyd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem DATE Dec. 28, 1937

19. FUNERAL DIRECTOR (ADDRESS) Walter Meinhoffer
1302 Paragon St. St. Joseph, Mo.

20. FILED 12/28, 1937 H. J. Northrup
Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Urea Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Frank H. Hardegen, M. D.
 (Address) Kirkpatrick Bldg. St. Joseph, Mo.

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.

MAY 9 1946

STATEMENT BY LICENSED EMBALMER

I, Wilbur H. Kelly....., Licensed Embalmer No. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

Missouri L. E.

No. 3946 or by....., Registered Apprentice No.

working under my personal supervision.

Signed

Wilbur H. Kelly

Licensed Embalmer No. 3946

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.)