

REC'D APR 14 1938

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

10162

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township St. Joseph Primary Registration District No. 1001 Registered No. 300
(c) City St. Joseph (d) Street No. 2619 Seneca St.
(e) Length of residence in city or town where death occurred 57 yrs. = mos. = ds. (f) How long in U. S., if of foreign birth? 57 yrs. = mos. = ds.

2. PRINT FULL NAME

Bernadine Roster 236
(a) Residence, No. 2619 Seneca 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Albert Roster</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 19, 1876.</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>7</u>	DAYS <u>22</u>
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House-wife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Own Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Oct. 1937.</u>	11. Total time (years) spent in this occupation <u>?</u>
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Westpheling Germany</u>	
	13. NAME <u>Herman Schumacher</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany</u>	
	15. MAIDEN NAME <u>Elizabeth Sestrup</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany</u>		
17. INFORMANT <u>Albert Roster</u> (ADDRESS) <u>2619 Seneca Str. St. Joseph, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Mt. Olivet Cemt</u> PLACE <u>St. Joseph, Mo.</u> DATE <u>March 14 1938</u>		
19. FUNERAL DIRECTOR <u>H. O. Sidenfaden and Son</u> (ADDRESS) <u>1802 Union Str. St. Joseph, Mo.</u>		
20. FILED <u>3/12</u> 19 <u>38</u> <u>R. H. Hesthuis</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 1938

22. I HEREBY CERTIFY, that I attended deceased from October 30 1937 to March 11 1938
I last saw her alive on March 10 1938. Death is said

to have occurred on the date stated above, at 11.48 AM

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

Cerebral Hemorrhage Date of onset 3-8-38
Generalized arteriosclerosis 1936
Diabetes mellitus 1935
Hypertension 12 1936

Other contributory causes of importance:

Ruptured gangrenous appendixes with generalized peritonitis 10-28-37

Name of operation Appendectomy drainage Date of 10-30-37What test confirmed diagnosis? Lab. 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) Cabray Wortley, Jr. M. D.(Address) 731 Fernon St.St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, Elbert E. Harrington Licensed Embalmer No. 3258

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

L. E. _____

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed:

Elbert E. Harrington

Licensed Embalmer No. 3258

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.)