

REC'D APR 14 1938

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

10175

Do not use this space.

1. PLACE OF DEATH

(a) County..... Buchanan

(b) Township.....

(c) City..... St. Joseph,

(d) Street No. 917 No. 13th. St.

(e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 85

Primary Registration District No. 1001

Registered No. 313

2. PRINT FULL NAME

(a) Residence, No. 917 No. 13th. St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

Mathilda Albertina Nadler 346

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widowed

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

Herman A. Nadler

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

Aug, 1, 1855

7. AGE

YEARS
82MONTHS
7DAYS
13IF LESS than 1
day, hrs.
or min.

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Buffalo,
New York.

FATHER

13. NAME Unk. Bollman

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Berlin,
Germany.

MOTHER

15. MAIDEN NAME Anna Louise Harms

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Wurtemberg,
Germany.17. INFORMANT
(ADDRESS)Mrs. Hobson Hoar
917 No. 13th. St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cemetery DATE Mar, 16, 1938

19. FUNERAL DIRECTOR
(ADDRESS)Walter Meinhoff
1302 Faraon St. St. Joseph, Mo.

20. FILED

Mar 17, 1938 H. J. Nestle Bush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar, 14, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 15, 1938, to Mar. 14, 1938

I last saw her alive on Mar. 12, 1938. Death is said

to have occurred on the date stated above, at 5.40 p. m.

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

Senility

Date of onset

3

Other contributory causes of importance: 162

Name of operation..... Date of.....

What test confirmed diagnosis? Quercus 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) Charles Giger, M. D.

(Address) 701 Faraon St. St. Joseph, Mo.

(Licensed 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, Walter A. Kelly Licensed Embalmer No. Ma 3946

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Walter A. Kelly
Licensed Embalmer No. Ma 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.)